AN ABSTRACT
OF A
Course of Lectures
ON THE
INTERNAL DISEASES OF THE EYE AS SEEN WITH THE OPHTHALMOSCOPE.

Delivered at the Royal London Ophthalmic Hospital, Moorfields.

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LECTURES I. & II.*

THE OPHTHALMOSCOPIC EXAMINATION OF HEALTHY EYES.

GENTLEMEN,—In examining an eye with the ophthalmoscope, it is generally necessary to have a dark room† and a bright, steadily-burning oil or gas lamp. The best gas lamp is that employed at Moorfields, which has an Argand porcelain burner perforated by small apertures, and closed underneath by fine wire gauze, which regulates the draught and steadies the flame. It is attached to a movable arm permitting of universal movement in all directions. The burner is to be covered only by a chimney, without a globe. In place of gas, an oil or paraffin lamp may be employed.

In the selection of a portable monocular ophthalmoscope,

FIG. 1.

I think our choice lies between the instruments of Liebreich and Coccius. The former (Fig. 1) consists of a concave metal mirror of eight inches' focal length, having a small

FIG. 2.

central aperture; behind the mirror is a clip to hold a convex or concave lens. In Coccius's instrument (Fig. 2) the mirror is plane, and there is a biconvex lateral lens of five or seven inches focus held in a clip and mounted on a jointed bracket. It is to be used in the following manner:—The lateral collecting lens is to be turned towards the flame, which should be somewhat more than twice the focal length of the lens from the observer. The mirror is then to be set somewhat slantingly to the lateral lens and the eye of the patient. If the mirror is properly adjusted, we shall obtain, if we throw the reflection on the palm of our hand or the cheek of the patient, a bright circle of light, with a small dark central spot, which corresponds to the opening in the speculum. Liebreich's is an excellent instrument, and, as it is somewhat easier to use, is more generally employed; but I rather prefer that of Coccius, chiefly for the following reasons: the lateral lens enables us to alter the focal length of the mirror and the intensity of the illumination. Moreover, the reflection is much less, which is of much importance when we examine eyes whose pupils are very small.

In making an ophthalmoscopic examination, the surgeon seats himself directly in front of the patient, at a distance of from 14 in. to 18 in. He then places the mirror, held in his right hand, close to his eye, and turns it slightly towards the flame; so that the rays from the latter may be reflected into the eye of the patient, whose pupil will then be brightly illuminated, and present a brilliant red glow. The surgeon may now avail himself of one of two methods of examining the details of the background of the eye—viz., the direct or the indirect mode of examination. With the former he obtains an erect image of the fundus; whilst with the indirect the image is reversed. He should be equally well versed in both modes of investigation, to the explanation of which we must now pass on.

The examination of the actual inverted image, or indirect method.—The pupil having been well illuminated with the mirror, the patient should be told to look somewhat to the left (if his right eye is under examination), at the surgeon's right ear, and *vice versâ*. In this way the optic disc, which is situated to the inner side of the optic axis, is brought directly opposite the surgeon's eye. The latter will now at once notice that the reflex is no longer bright red, but of a whitish-yellow tint. When this change of colour is obtained, the surgeon should take the rim of a biconvex lens (termed the object-lens), of 2 in. or 2½ in. focus, between the forefinger and thumb of his left hand, and hold it 2 in. or 2½ in. from the eye under observation, his ring-finger being placed against the upper edge of the orbit, so as to steady the hand; the upper lid may, if necessary, be at the same time lifted with the tip of this or the little finger. With a little practice and perseverance the surgeon will soon succeed in obtaining an inverted aërial and enlarged image of the optic disc, which will be situated between the observer and the object-lens, and at about the focal distance of the latter. This varies, however, with the refraction of the patient's eye. In order to magnify the image still more, an object-lens, of 3 in. or 4 in. focus, may be employed, or a convex ocular lens of 8 in. or 10 in. focus, may be placed in the clip behind the mirror.

The examination of the virtual erect image (direct method).—In this the mirror alone is used without the object-lens; and the surgeon must approach his eye very close to that of the patient, if he wishes to distinguish the details of the fundus, of which he gains a much larger image. Hence this mode of investigation is very useful in solving doubts (which may exist in the indirect method) as to the exact nature and situation of some morbid appearances. Generally a concave ocular lens will be required in order to gain a clear image of the details of the fundus. This will, however, depend upon the state of refraction of the patient's and surgeon's eye. The novice should have the patient's pupil dilated with a very weak solution of atropine, as this greatly facilitates the examination. But when the surgeon has acquired some dexterity, he must accustom himself to examine with the pupil undilated; for the atropine causes the patient much annoyance and inconvenience, and should, therefore, only be employed in exceptional cases.

The ophthalmoscopic appearances of healthy eyes.—The examination of the normal refracting media of the eye (cornea, lens, and vitreous humour) affords a negative result. It must, however, be remembered that the lens undergoes certain physiological changes with advancing years, which a careless observer might mistake for commencing cataract;

* A considerable portion of the first lecture, in which the theory of the ophthalmoscope was explained, has been unavoidably omitted, on account of the space which would have been required by the numerous diagrams.

† Dr. Lionel Beale has lately invented an ingenious ophthalmoscope which may be used by daylight.

for the lens substance becomes consolidated, and its nucleus assumes a yellow tint, which is especially marked by reflected light (oblique illumination), but on examining it in the erect image the lens will be found quite transparent.

The optic disc or papilla (entrance of the optic nerve) appears as a circular pinkish-white disc; being lighter and more glistening in dark eyes than in those of persons of fair complexion. It is sometimes oval, this being especially marked in astigmatism. Its outline is sharply defined, and on closer examination we can distinguish at its margin three boundaries or zones: 1, the inner, grey, nerve boundary; 2, the white sclerotic ring, which is most evident at the outer side; 3, external to this, the dark-grey line of the choroidal ring, which is somewhat irregular in shape, and often fringed here and there with deposits of pigment.

The internal half of the disc is redder than the external, which has a somewhat mottled, greyish-white appearance; the grey stippling being due to the nerve-tubules, which are seen in section, the white dots or lines being caused by the trabeculæ of the connective tissue. It is important to remember this physiological difference in the colour of the inner and outer portion of the disc, for inattention to this fact may lead to an error in diagnosis; the normal redness of the inner half being perhaps mistaken for hyperæmia or inflammation of the nerve, or the whiteness of the outer portion for incipient atrophy.

The retinal vessels generally issue from or near the central portion of the disc, and their number, mode of division, and course vary considerably. The principal branches, however, always run upwards and downwards; as a rule, an artery and two veins pass upwards, and the same number downwards, but sometimes there are two arteries and two veins. Whilst numerous but small vessels run towards the inner side, only a very few minute twigs are sent to the outer. The retinal arteries may be distinguished from the veins by the fact that they are lighter, smaller, and straighter in their course, having often also a bright streak along their centre, which is due to the reflection of light from the cylindrical walls of the vessels. The blood-supply of the most anterior part of the optic nerve is maintained by three sets of vessels—1, by small twigs from the central vessels of the retina; 2, by branches emanating from a vascular circle situated close to the margin of the optic nerve, and formed by some of the short posterior ciliary arteries;* 3, Leber has found that numerous arteries and some veins pass directly from the choroid to the optic nerve, so that the chorio-capillary system is directly continuous with the delicate network of vessels which surrounds the bundles of the nerve fibres.† This anastomosis explains why there is so often a hypersemic condition of the optic disc in inflammatory affections of the choroid.

Two physiological peculiarities are frequently observed in the optic disc—viz., spontaneous, or very easily producible, pulsation of the retinal veins, and physiological excavation of the optic nerve. 1. The venous pulsation is almost always confined to the disc, and is characterised by an alternate increase and diminution in the calibre of the vein; the emptying commencing at the centre of the disc and extending to the periphery, whereas the refilling is centripetal. Slight pressure on the eyeball with the tip of the finger renders the pulsation more marked. Whilst spontaneous venous pulsation is quite physiological, it must be remembered that it is otherwise with spontaneous pulsation of the retinal arteries; for this is always a pathological phenomenon, depending on an abnormal increase in the intra-ocular tension. 2. The physiological excavation may be at once recognised by its being limited more or less to the centre of the disc, and not extending to its margin. A white, glistening, oval or round spot is noticed at or near the centre of the disc, surrounded by a reddish zone, which varies in breadth with the size of the excavation; if the latter is small, the zone will be wide, and *vice versâ*. The edge of the white spot (excavation) generally slopes gently, and is only steep or abrupt if the cup is funnel-shaped. If we trace the course of the retinal vessels from the periphery of the disc towards the centre, we find that they describe a more or less acute curve as they pass down over the margin of the excavation. This curve is, of course, the more abrupt and considerable the deeper the cup.

Leaving the optic disc, the beginner must next attentively study the general appearances of the background of the eye (fundus oculi); and observe the mode and distribution of the retinal vessels, and the difference between these and those of the choroid. The bright-red colour of the fundus is due to the reflection of the light from the bloodvessels of the retina and choroid, more especially the latter, and not at all to the retina itself; for as the latter is very translucent, it reflects but very little light, and is quite invisible in the eyes of very fair persons. In very dark eyes it appears as a thin grey film or veil spread over the fundus, being especially apparent around the disc and yellow spot.

The great variations in the appearances of the fundus which are observed in persons of different complexions should also be attentively studied. In dark individuals the fundus appears of a rich reddish-brown tint; and if the epithelial layer and the stroma of the choroid are rich in pigment, the choroidal vessels may be completely hidden, and only the retinal vessels be apparent, dividing and subdividing into numerous branches, which become smaller and smaller towards the periphery. If the epithelial layer contains but little pigment, but the stroma is richly pigmented, the appearances will be totally different; for then the choroidal vessels will be distinctly visible, appearing as bright-red bands or ribbons divided by dark islets or intervals, the intervascular spaces. If the stroma is light, the epithelial cells appear, with a high magnifying power, as small, circumscribed dots, uniformly strewn about the fundus, and giving the latter a granulated appearance. In the eyes of very fair persons (e. g., albinos), the fundus is of a pale-red tint, and the choroidal vessels present a very striking appearance, being visible to their smallest divisions.

The examination of the yellow spot (macula lutea) generally affords a negative result; but in those cases in which it can be seen, it will be found that in dark eyes it appears as a largish dark-red spot with a small white dot in the centre, the foramen centrale. In light eyes it has a bright-red tint, the foramen centrale resembling a small light circle. The retinal vessels course round the yellow spot, sending a few twigs towards it, but leaving its centre free.

The beginner should always proceed on a certain system in his ophthalmoscopic examination, for by doing this he will be guarded against overlooking anything. He should therefore examine every eye in the following manner:—First, with the oblique illumination; secondly, in the erect image; thirdly, in the reverse image.

The examination with the oblique illumination is of great use in ascertaining the condition of the more superficial parts of the eye—i. e., the cornea, iris, pupil and crystalline lens, and even the anterior portion of the vitreous humour. It is to be thus conducted:—A lamp having been placed somewhat in front and to one side of the patient, at a distance of from two to two and a half feet, and on a level with his eye, the light is to be concentrated upon the cornea, iris, or crystalline lens, by a strong convex lens of two or three inches focus. (Fig. 3.) The observer's eye is to be

FIG. 3.

placed on one side of the patient so as to catch the rays reflected from the eye of the latter. To enlarge the image the surgeon may employ a second lens as a magnifying glass.

When the examination with the oblique illumination is finished, the surgeon must examine the refracting media in the erect image, and also ascertain the state of refraction. In this proceeding the mirror alone is used, the surgeon placing himself at a distance of ten or twelve inches from the patient. The latter should be told to look in various directions, in order that the more peripheral portions of the lens may come into view and any marginal opacities be de-

* Vide Jaeger: Einstellung des Dioptrischen Apparates, p. 55.
† Leber: Archiv für Ophthalmologie, vol. xi., p. 5.

tected. Moreover, these movements cause any vitreous opacities to be shaken up and to float through the field of vision. Next as to the refraction; if there is a high degree of myopia or hypermetropia, this condition may be readily detected by the fact that we can see the details of the fundus—e.g., the retinal vessels, at some distance in the erect image. For instance, if, in a case of high myopia, we regard one of the retinal vessels on the disc or retina, and move our head slightly to one side, we notice that the image moves in the contrary direction; if we move to the right, it moves to the left, and *vice versâ*; so that we obtain a reverse image of the fundus. In hypermetropia, on the other hand, just the opposite occurs, for the image moves in the same direction as the observer. In emmetropia we do not with the direct method gain any image of the fundus at some distance, which is in part due to the great diminution of the visual field, but chiefly to the rapidly increasing enlargement of the object when the eye is examined at a distance, which is so great that in the area of the field no single vessel can be seen sharply defined, but only appears as a red reflection in the pupil. Mr. Couper has lately shown that with a weak concave mirror (of thirty inches focus) cases of mixed astigmatism may be easily diagnosed in the erect image; in such cases an inverted or erect image becomes alternately visible according as the observer views the fundus through the meridian of the greatest or the least curvature. The state of refraction may also be diagnosed in the reverse image. In the *emmetropic* eye the reversed enlarged image of its fundus is formed in front of the object lens, and at its focal distance. In *hypermetropia* the emerging rays are divergent, and hence the image is formed further off than the focal distance, and is consequently larger than in emmetropia. In *myopia* the emerging rays are convergent; the image is therefore formed nearer than the focal distance, and is consequently smaller. Mr. Hutchinson has, moreover, pointed out that the existence of hypermetropia or myopia may also be recognised in the reverse image, by observing whether the size of the disc undergoes any change when the object lens is removed further from the eye; for in hypermetropia it diminishes and in myopia it increases in size as the lens is removed to a greater distance.

I cannot too strongly impress upon beginners the importance of closely and minutely examining a great number of healthy eyes, so that they may become thoroughly conversant with the physiological appearances of the fundus, and the numerous peculiarities that may occur within normal limits. To those who have not the opportunity of examining many human eyes, I would recommend the use of Perrin's artificial eye.* (Fig. 4.) It consists of a brass artificial eye (E), fitted in front with a plano-convex lens (L),

FIG. 4.

in the situation of the cornea. This lens is covered with a black metal cap, having a central aperture corresponding to the pupil. There are two of these caps: the one has a very small central aperture, which corresponds to the normal size of the pupil; the other a larger opening, like a widely-dilated pupil. There are, also, three lenses of different refracting power, thus enabling us to convert the eye into a hypermetropic, myopic, or astigmatic one. The posterior half of the eye opens, so as to admit of the insertion of a papier-maché cup or disc (D D'), coloured so as to represent the appearances of the healthy fundus, or of some pathological condition. There is a series of these coloured discs, illustrating many of the morbid ophthalmoscopic changes of the fundus.

* This instrument may be obtained of Nachet, 17, Rue St. Severin, Paris.

CLINICAL NOTES

ON THE RELIEF OF NOCTURNAL DYSPNŒA ARISING FROM DISEASE OF THE HEART.

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BREATHLESSNESS and palpitation are two of the most prominent signs of disease of the heart; and they are so for this obvious reason, that respiration can only be properly maintained when the equilibrium of healthy action between the lungs and the heart persists. Any disorder in the mechanism of the heart may cause difficulty in breathing. The general indications of the numerous diseases of the heart are sufficiently distinctive; but whilst some disorders are due to the state of the nerves of the heart, others are traceable to the altered composition of the blood; some organic affections are caused by an abnormal condition of the muscular fibre of the heart and its vessels, others to morbid change in its valves or in the size of its cavities. In all these maladies shortness of breath is a symptom, and this breathlessness and gasping dyspnœa are especially distressing from the paroxysms which occur during the hours of the night.

The medical attendant is rendered too familiar with such expressions as the following: "I have to sit up for hours at night"; "as soon as I lie down the difficulty comes on"; "I should do very well if I could get a night's rest"; "I have not had a night's rest for weeks." The desire is most urgent for immediate relief, if that is by any means attainable. In numerous instances the cause of the cardiac affection can be removed, and that is the best mode of mitigating the distressing symptom; but in many organic diseases, where the cause cannot be removed, the exhaustion from want of rest aggravates the primary malady, and hastens the fatal issue. The instances of cardiac dyspnœa may be grouped into three classes, and the means of affording relief will to some extent vary in each division.

In the first class are cases of *failing power of the heart's action from loss of blood, and from sudden shocks to the nervous system.* In these cases the action is feeble and often irregular, the pulse quick and irritable; the patient starts from sleep alarmed and terrified, and is sometimes afraid to sleep on that account. The first sound of the heart is short and indistinct. The best treatment consists in the administration of nourishment, in the proper use of stimulants, as ether, ammonia, and the less diffusible ones of wine and ardent spirits, and afterwards in the employment of the preparations of steel, &c. If this condition be associated with sleeplessness or pain, then narcotics, as opium, hydrate of chloral, the spirit of chloroform, &c., will be resorted to with advantage. Although opium interferes with the secretions, and produces constipation, still its stimulant effect renders it additionally valuable in exhaustion.

In a second class the cardiac disease consists in *imperfection of the mitral valve*, with or without dilatation of the left ventricle. This condition is shown by abnormal sounds in the plane of the mitral valve, by small and irregular or intermittent pulse, by hæmorrhage from or congestion of the lungs, by enlargement of the liver, by congestion of the kidneys with scanty and often albuminous urine, by flatulent distension of the stomach, by anasarca of the lower extremities, and by ascites. The nocturnal dyspnœa is often most distressing, but it is relieved in a much less degree by stimulants and by narcotics than the former class of cases. The most effectual method of relieving the dyspnœa is by diminishing the tension on the right side of the heart, and

the congestion of the lungs, liver, and kidneys, by small doses of mercurials, with squill and digitalis, by diuretics, as the nitrate, the bitartrate, the iodide and nitrate of potash, &c., and by gentle purgatives, especially such as induce free and watery action of the bowels. These remedies will afford more relief than opium, morphia, or ardent spirits; the benefit arising from the latter is very transient, and is often followed by increased distress.

In a third class of cases, we find the same symptom of nocturnal dyspnœa produced by *failing muscular power of the heart*, from degeneration of the muscular fibre, from an atheromatous condition of the vessels, from idiopathic anæmia, from disease of the aortic valves and dilatation. If there be congestion of the lungs and distension of the right side of the heart, the means just referred to may be employed with advantage; but we may find the most distressing paroxysms of breathlessness without any such congestion. Stimulating narcotics should be used, as the spirit of chloroform, camphor, senega, ammonia, and Indian hemp; opium and morphia may be given with great caution, and so also the hydrate of chloral. In all these forms of cardiac disease, nervous excitement should be avoided. The patient should abstain from muscular exertion, bronchial irritation, from exposure to cold and wet and from sudden changes of temperature, must be guarded against; and, if possible, congestive conditions of the liver and kidneys, constipation of the bowels, and flatulent distension of the stomach, should be prevented. The principal meals should be taken early in the day, when digestion is most active. Starchy food should be abstained from at night, and the temperature of the surface should be carefully maintained. But when all these things have been attended to, and rigidly carried out, the paroxysms of dyspnœa still distress the patient, and in organic diseases constitute the great burden of complaint. Can any extraneous help be afforded, and are drugs of any value in mitigating this condition? I would reply in the affirmative. But, first, what is the condition with which we have to contend? It is dyspnœa and cardiac distress from a disturbance of the equilibrium in the action of the heart and lungs. Both organs receive large supplies of the vaso-motor or sympathetic nerve. Those nerves which regulate the respiratory act are in close connexion with the centres in the brain and spinal cord; and, although independent of voluntary control, the respiration can be greatly assisted by supplemental muscles under the regulating power of the will. In disease there is *greater* irritability of these cardiac nerves; the equilibrium is *more* easily disturbed, and relief is afforded by quieting the irritability, whilst we do not diminish the sensibility of the respiratory centres. If the lungs become surcharged with blood, if the respiration be impeded, then the right side of the heart becomes more embarrassed, and distress and dyspnœa at once result. During sleep the assistance of voluntary muscles is withdrawn; and if the maintenance of this equilibrium absolutely requires voluntary assistance, then the patient is unable to sleep, or, if consciousness be lost, there is a sudden start or fright, followed by hurried breathing or gasping for breath. If we can render the heart independent of this supplemental action, the patient will have comfortable rest. We seek to attain to this condition by the help of medicines. The remedies I have adverted to are the following:—Morphia and opium, foxglove, conium, belladonna, Indian hemp, senega, camphor, alcohol, ether, chloroform, and the hydrate of chloral.

Opium and morphia.—In functional irritability of the heart, these are valuable remedies, but less so in organic diseases. The distress of the patient is often aggravated by them, and sometimes additional excitement is produced. The cardiac nerves are quieted, but the respiratory centres are narcotised; and if the patient sleeps, he awakes with increased distress. The secretions are checked, and the heart's action thereby embarrassed. In some instances, where the hypodermic injection of morphia has been used, patients have entreated that it might not be repeated. Very small doses of morphia, however, often prove efficacious in relieving excitement, although not administered in sufficiently large doses to produce profound sleep; large quantities of morphia always tend to increase the pulmonary congestion, and to depress the action of the heart.

Foxglove is a favourite remedy, and in some instances it is of great value. Its primary action appears to be that of a stimulant to the heart, and afterwards that of a sedative. Its effect is manifested more upon the cardiac than upon the respiratory nerves, and hence it is a more serviceable medicine than opium. Foxglove acts best in cases of imperfection of the mitral, when there is much irregularity of the heart, and is advantageously given with squill and small doses of mercurials, or with diuretics, as the nitrate or citrate of potash. But whilst I have often witnessed great benefit from its use in quieting and in regulating the pulse, in relieving dyspnœa, and in acting on the kidneys, I confess that I always watch its free administration with fear, on account of the numerous instances of sudden and fatal syncope coincident with its employment in full doses. Foxglove may be given more freely when combined with steel, and it is certainly a most effective remedy in cardiac disease.

Conium and *belladonna* are of especial value in those cases where there is spasmodic contraction of the involuntary muscular fibre of the bronchi; that is, where bronchitis or bronchitic asthma is associated with heart disease. In simple cardiac dyspnœa they are uncertain, and only slightly palliative in their action.

Stimulants, in the form of alcohol, ether, chloroform, carbonate of ammonia, are helpful for a different reason; they directly stimulate the cardiac nerves, and the flagging muscular power is roused to fresh effort. But alcohol has the disadvantage, if given continuously, of producing hepatic congestion, and of interfering with the free elimination of effete products. Chloroform and ether have in many persons a secondary sedative effect on the heart, and afford only very temporary relief. The carbonate of ammonia in full doses is deserving of a fuller use than it has generally received. Ten or fifteen grains may be given with syrup, and whilst the primary stimulant effect on the vaso-motor nerve is beneficial, the secondary action on the skin and on the glands is also salutary. The aromatic spirit of ammonia is less energetic in its action, and may be given in full and repeated doses with the next remedy to which I have to allude—namely, camphor.

Camphor is a cardiac stimulant, but its action is transitory and somewhat uncertain. If there be much flatulent distension of the abdomen, it is certainly palliative; but in order to act with any power it must be given in fuller doses than the watery solution.

Senega is an old remedy as a stimulating expectorant, and it was a favourite one with my late esteemed colleague, Dr. Barlow, who often used it in disease of the aortic valves. I have often prescribed it with benefit in other affections of the heart. It seems to exert a stimulant action both upon the respiratory and cardiac nerves, and tends to lessen paroxysmal attacks of dyspnœa at night.

Indian hemp is another remedy which I have found very efficacious in promoting rest in cardiac diseases. The extract or tincture may be given alone or in combination, and although in this we have a medicine which exerts more marked influence upon the cerebrum, still its subsequent sedative action is more manifest upon the cardiac than upon the respiratory centres; and in this respect it is often more efficacious than opium. Both senega and Indian hemp deserve fuller trial than they have generally received in these instances, and I can testify to their beneficial effect in many cases.

The *hydrate of chloral* has been very extensively used as a hypnotic, and in numerous instances it induces calm and refreshing sleep, without any subsequent ill-effects; but where there is great dilatation of the heart, or much weakness of the muscular fibre from degeneration, its employment is not altogether free from danger. In a case of distressing sleeplessness from aortic disease, with imperfection of the valves, twenty grains of the hydrate of chloral produced speedy unconsciousness, which continued for nearly twenty-four hours; but, although so alarming for a time, no ultimate injurious effect could be ascribed to the medicine. In other cases, forty grains have failed to produce any sleep, and the patient has requested that the dose might not be repeated. Where there is much pulmonary congestion, I regard its action as still more hazardous; for whatever may be the primary effect of chloral, its secondary action seems to be that of a depressant, both upon the muscular fibre of the heart and upon the pneumogastric nerve; and, if no sleep is produced by it, the system becomes excited, the countenance flushed, the brain disturbed,

and we have the semi-intoxicating effects of alcohol, without the benefit of its stimulative action. But whilst stating this, I regard the hydrate of chloral as a most valuable addition to our list of medicines, although less serviceable in cardiac sleeplessness than where there is no organic disease of the heart or lungs. The hydrate of chloral will often act very admirably for once or twice, and then altogether fail in affording relief.

These remedies have been separately mentioned because one and another will be anxiously tried, but often tried in vain, in extreme cases of cardiac disease. The agonising distress of intense dyspnœa is most painful to witness; and although medical skill can do much to relieve disease of the heart, all the resources of our science are required even to palliate the symptoms where the injury arising from organic defect has produced such a state of embarrassment that the necessary mechanical action can scarcely be performed. As a rule, greater relief to cardiac dyspnœa is afforded by lessening the distension of the cavities of the heart, and thereby diminishing its embarrassment, than by urging it to increased mechanical effort by the repeated administration of direct stimulant.

Brook-street, Grosvenor-square, Feb. 1871.

ON SANITATION IN INDIA.

BY C. MOREHEAD, M.D., F.R.C.P.

IN my note on sanitation in India in THE LANCET of the 28th of January, I refrained, in order to economise space, from reproducing an argument which I had elsewhere published against the principle of locating European troops permanently, or for continued periods of two or three years, in the hill climates of India. But it has since been brought to my notice that, in consequence of my former writings not being readily accessible, the application of the argument to the circumstances of the 58th Regiment, in the hot season of 1869 at Allahabad, is not, at once, intelligible. As there is no question of greater importance to the health of the European army than the true principle of utilising the hill climates of India, I would now correct the omission in my former communication by the following extract from my letter of September 17th, 1861, to the Secretary of State for India.

"In organising a sanitary system for the British soldier in India, the truly practical aim is not to give him that state of constitution which he would have in his native country, for that is incompatible with the contingencies of military service in India. The object ought to be to maintain him in that condition which best fits him for the maximum of efficient service with the minimum sacrifice of health and life, by, as far as practicable, protecting him from continuous high temperature, malaria, and other various agencies which deteriorate health. This is to be effected by a careful selection of sites for cantonments, good construction of barracks, a systematised use of hill, coast, and healthy monsoon climates, with assiduous attention to the other various conditions which are now so well known to conduce to the maintenance of health. Therefore, to place permanently at such elevations as Ootacamund, on the Neilgherry hills, all the British troops in India, even if politically practicable, would not prove, in my judgment, the best method of fitting the European soldier for the maximum of efficient service with the minimum sacrifice of health and life. Doubtless, Europeans permanently residing in a hill climate such as Ootacamund would retain much of their native vigour, but they would not be efficient for the contingencies of military service in India. If suddenly called to the plains for service in the hot season, there would be a heavy sick list from seasoning fevers and biliary derangements, and a rapid loss of vigour and stamina would result. Then, the service over, and the men exhausted by heat, fatigue, and sickness, moved back to their hill cantonments, would be subject to much mortality and invaliding from these forms of disease, for which the cold and rainy seasons of hill climates are unsuitable. Were it possible to transport *in a few hours* troops from the camp at Aldershot to the plain of the Ganges any time between March and November, use them for active service, and return them, broken in health, *in a few hours* from India to Aldershot any time between October and May, the result need not be told. It would be analogous in kind to that which may be anticipated from the permanent location of troops in such positions as Ootacamund and the interior Himalayas, and their rapid transfer any time between March and November, in the one instance to Malabar, the Concans, or Carnatic, and in the other to the plains of the Punjab or of the Ganges, with their return to their hill cantonments between September and April. In both these instances I have assumed the hill position to be *above* the force of the south-west monsoon, as at Ootacamund, or *beyond* it, as in the interior Himalayas; but should it be open to the force of the south-west monsoon, as at Mahableshwur, or on the sub-Himalayan hill ranges, then the unfavourable period for return to the hill stations would be between November and March, and again between the middle of June and the end of September."

The 58th Regiment arrived at Allahabad on Jan. 12th, and consisted of the right wing, which had been three years at the hill station, Darjeeling, of a draft recently from England, and of the left wing, which had been three years at Benares, in the plains. The season was unhealthy. The regiment suffered severely between March 22nd and August 14th from cholera, fever, dysentery, and apoplexy; but the wing from the hill station and the draft from England suffered twice as much as the wing from Benares. A consideration of the argument in the above quotation and of the facts of the 58th Regiment seems to justify the statement that the difficulty in explaining the greater sickness and mortality of the right wing and the draft from England is purely imaginary. For what is there in these results but an illustration of the law in the physiology of animal heat—that the capacity of generating it varies in relation to external temperature, and is effected gradually, not suddenly; and of the law in pathology, that constitutional conditions and predisposition are always leading factors in the quantity, type, and mortality of disease, whatever its exciting cause may be?

It may, however, chance that there is imperfect knowledge or inaccurate reasoning in these views which I have pressed on the Government of India in various ways and at different times during the last twelve years, and which have been more or less familiar to my own mind since 1834, when my practical acquaintance with the hill climates of India commenced. If so, it is time that the fallacy should be exposed. The question of whether European troops should be located in hill climates and in the plains periodically—that is, in the hills during the unhealthy seasons of the plains, and in the plains during the winter, or continuously in hills and plains for periods of years, is unnoticed by the Royal Sanitary Commission, and misunderstood in a report of the Bengal Sanitary Commission, as pointed out by me in a letter of the 19th of May, 1866, to the Under-Secretary of State for India. The relation of this question to health has been already explained, but the question has also a political and financial relation. The political difficulty which attaches to the continuous removal for lengthened periods of a large proportion of the army from the plains to the hills cannot attach in nearly equal degree to a system which includes the camping of the entire army in the plains during three months of every year, and its annual marching over considerable tracts in its movement to and from the hills. The permanent location of the army in the hills is probably a political impossibility, but the periodical location in hills and plains is surely not so. The diminished cost of sanitary works by absence from the plains in the hot and malarious seasons and absence from the hills in the winter has been adverted to in my former note, but this relation of the question may be regarded from another point of view. Suppose the periodical system adopted and not sustained by experience, it will be easy to extend sanitary works into harmony with the continuous system. But suppose, on the other hand, that the continuous system is adopted and not sustained by experience, then, in reducing sanitary works to the level of the necessities of the periodical system, a lavish waste of public money will have been incurred, from ignoring past experience and the present data of physiological and pathological science.

Edinburgh, February, 1871.

ON THE

SO-CALLED "BONE-SETTING," ITS NATURE AND RESULTS.

BY WHARTON HOOD, M.D., M.R.C.S.

IT is known to most practitioners of surgery, and has been made known to many to their great cost and loss, that a large proportion of the cases of impaired mobility or usefulness of limbs after injury fall into the hands of a class of men called "bone-setters." In all these cases it is the custom of such men to say that the affected bone or joint is "out," although there may be an entire absence of the anatomical signs of displacement; and they proceed in due course to the performance of manipulations by which, in many instances, the patient is speedily cured. Teachers of surgery, when they condescend to speak at all of bone-setters and their works, are more prone to dilate upon the injury sometimes occasioned by their so-called "rough" handling, than upon the improvement which it oftentimes effects. It is doubtless well to caution students against twisting or pulling an inflamed or ulcerated joint; but it would surely also be well to inquire carefully what is the nature of the cases in which bone-setters do good, and what is the change which their manipulations bring about. Mr. Paget, in a clinical lecture delivered at St. Bartholomew's, and published in the *British Medical Journal* three years ago, has made an attempt of this kind; but he laboured under the serious disadvantage of being guided chiefly by conjecture in his ideas of the nature of the bone-setter's treatment. I shall hereafter have occasion to show that his conjectures were in some respects erroneous, and his conclusions, therefore, not always correct; but at present I need only cite his authority to show the great practical importance of the questions at issue. He says to his students: "Few of you are likely to practise without having a bone-setter for your enemy; and if he can cure a case which you have failed to cure, his fortune may be made and yours marred." It would at first sight seem likely that the conditions thus stated by Mr. Paget could only be realised in the practice of a surgeon of a slender degree of skill, and among the poorer and more ignorant classes of the community. This surmise, however, would be very wide of the truth, for I shall have to relate instances in which the failures have been those of men not less distinguished than Mr. Paget himself, and in which the patients have occupied positions of prominence or distinction. Such cases may not only seriously injure the individual practitioner, but they serve to lower the art of surgery in the estimation of the public. They render it obligatory, I think, upon anyone who may possess the power, to place before the profession a clear account of the so-called bone-setting—of its methods, its failures, and its successes. Before doing so, however, it is necessary to relate how I became possessed of the requisite information.

About four years ago, my father, Dr. Peter Hood, in conjunction with Dr. Iles, of Watford, attended the late Mr. Hutton, the famous bone-setter, through a long and severe illness. On his recovery, my father refused to take any fees from Mr. Hutton, out of consideration for the benefit which he had rendered to many poor people. Mr. Hutton expressed himself as being thereby placed under great obligation, and as being very desirous to do something to show his gratitude. He offered, as an acknowledgment of the kindness he had received, to explain and show all the details of his practice as a bone-setter. Pressure of work prevented my father from availing himself of this offer, and Mr. Hutton then extended it to me. After some consideration, I determined to accept it; and, accordingly, I went, when I could spare the time, to Mr. Hutton's London house, on the days of his attendance there. My decision was prompted, not only by the curiosity I felt to see how he treated the cases that came under his care, but also by the desire to publish to the profession, at some future time, any insight that I could gain into the apparent mystery of his frequent success. I did not feel justified, however, in publishing anything during Mr. Hutton's lifetime, because, although he exacted from me no conditions, he was freely imparting what he thought, and was fairly entitled to think, an important and valuable secret. I have not hesitated, however, to discuss his methods with private friends; and Mr. Hutton's recent death has released me from any scruples about the propriety of making these methods more widely known.

During a second illness from which Mr. Hutton suffered, I took absolute charge of the poorer class of patients whom he was accustomed to attend gratuitously, and found that I could easily accomplish all that I had seen him do. I declined, however, to undertake the remunerative portion of his practice, and from this and other reasons my intercourse with him had wholly ceased for about two years prior to his death. I found, however, that it had lasted long enough to give me knowledge of a kind that is not conveyed in ordinary surgical teaching, and that, when guided by anatomy, is of the highest practical value, as well in preventive as in curative treatment.

In the following papers, therefore, I purpose giving a brief account of the salient features of Mr. Hutton's method of procedure in the treatment of damaged joints, of the results of that treatment, and of the class of cases in which it was successful. And here, in the first place, I must bear tribute to Mr. Hutton's perfect good faith and honesty. He had received but a plain education, was entirely destitute of anatomical knowledge, and firmly believed the truth of his ordinary statement that "the joint was out." To him there was no other possible explanation of a constantly recurring sequence of events. A joint, previously stiff, painful, and helpless, was almost instantly restored to freedom of action by his handling, and the change was often attended by an audible sound, which he regarded as an evidence of the return of a bone to its place. When this to him pleasant noise was heard, he would look in his patient's face and say, in his broad dialect, "Did ye hear that?" The reply would be, "Yes"; and his rejoinder, "Now ye're all right—use your limb." To the patient (probably as ignorant of anatomy as Mr. Hutton himself), who had hobbled to him on crutches, often after prolonged surgical treatment, and who went away "walking and leaping," it can be no matter for surprise that the explanation was also fully sufficient.

When I first knew Mr. Hutton, I often tried to argue the point with him, and to explain what it really was that he had done. I soon found, however, that, if I wished to learn from him, I must simply content myself with listening and observing. He had grown old in a faith which it was impossible to overturn.

On my first visit to Mr. Hutton's house he asked me to accompany him to a gentleman whom I will call Mr. A——, and whom Mr. Hutton had seen two years previously. This gentleman, when sitting on a stool in his office, hastily descended to welcome a friend. As soon as his feet reached the ground he turned his body without moving them, and in doing so he twisted or wrenched his left knee. He immediately felt considerable pain in the joint, which lasted for an hour or two, but decreased as the day wore on; and he continued to move about as occasion required. In the night he was aroused by increased pain, and found the joint much swollen. Mr. A—— was the brother of the professor of midwifery at one of the principal medical schools in London, and he had the best surgical advice that London could afford. He was ordered to rest the limb, and to apply heat and moisture. In this way he obtained some diminution of the pain, but the swelling continued. He at last sent for Mr. Hutton, who at once declared that his knee was "out," and proposed to replace it. An appointment for this purpose was made, but in the meantime the patient had again seen eminent surgeons, and he wrote to prevent Mr. Hutton from coming. Two years of uninterrupted surgical treatment passed without improvement, and then Mr. A—— sent for Mr. Hutton again. It was on this, the second visit, that I accompanied him, and what I saw made a great impression on my mind. We found the knee-joint enveloped in strapping; and when this was removed the joint was seen to be much swollen, and the skin shining and discoloured. The joint was immovable, and very painful on the inner side. Mr. Hutton at once placed his thumb on a point over the lower edge of the inner condyle of the femur, and the patient shrank from the pressure and complained of great pain. He (Mr. Hutton) made no further examination of the limb, but said, "What did I tell you two years ago?" Mr.

A—— replied, "You said my knee was out." "And I tell you so now" was the rejoinder.—"Can you put it in?" said Mr. A——. "I can."—"Then be good enough to do so," said Mr. A——, holding out his limb. Mr. Hutton, however, declined to operate for a week; ordered the joint to be enveloped in linseed poultices and rubbed with neat's-foot oil, made an appointment, and took his leave. During the dialogue I had carefully examined the limb, had satisfied myself that there was no dislocation, and had arrived at the conclusion that rest, and not movement, was the treatment required. At the expiration of the week I went again to the house, and Mr. Hutton arrived shortly afterwards. "How's the knee?" was his inquiry. "It feels easier."—"Been able to move it?" "No."—"Give it to me." The leg was stretched out, and Mr. Hutton stood in front of the patient, who hesitated, and lowered his limb. "You are quite sure it is out, and you can put it right?" There was a pause, and then, "Give me your leg, I say." The patient obeyed reluctantly, and slowly raised it to within Mr. Hutton's reach. He grasped it with both hands, round the calf, with the extended thumb of the left hand pressing on the painful spot on the inner side of the knee, and held the foot firmly by grasping the heel between his own knees. The patient was told to sit steadily in his chair, and at that moment I think he would have given a good deal to have regained control over his limb. Mr. Hutton inclined his knees towards his right, thus aiding in the movement of rotation which he impressed upon the leg with his hands. He maintained firm pressure with his thumb on the painful spot, and suddenly flexed the knee. The patient cried out with pain. Mr. Hutton lowered the limb, and told him to stand up. He did so, and at once declared he could move the leg better, and that the previously painful spot was free from pain. He was ordered to take gentle daily exercise, and his recovery was rapid and complete. In a few days he returned to business, and from that time until his death, which occurred three years afterwards, his knee remained perfectly well.

A case hardly less remarkable was that of the Hon. Spencer Ponsonby, which attracted considerable attention at the time. As Mr. Ponsonby has kindly written out for me the history of his case, and as his description is very graphic, I cannot do better than give it in his own words. I need only add to it that the initials A, B, C, &c., represent the names of men of considerable standing in the profession.

"On Nov. 26th, 1864, in running across the garden at Croxteth, near Liverpool, I felt and heard something crack in the calf of my left leg. It was so painful that I rolled over like a shot rabbit, and could scarcely reach the house, a few yards off. I at once put my leg up to the knee in a pail of hot water, and boiled it for an hour. Next day, being no better, I sent for a medical man in the neighbourhood, who told me I had snapped a muscle, and must keep quiet for a few days. He rubbed in a strong liniment, there being no sign of inflammation; and put on a strong leather plaster. In a couple of days I was able to hobble; but being telegraphed to London, and going into an empty house, I knocked my toe against a tack in the floor, and hurt myself worse than ever.

"From this time (Dec. 2nd) to the beginning of May I was attended by Mr. A and Mr. B in consultation, who agreed in saying that the 'stocking of the calf was split' (gastrocnemius, I think they called it), and treated me accordingly. Occasionally my leg got better; but the slightest exertion produced pain and weakness.

"On the 2nd of May, Mr. C undertook me. He agreed as to the injury, but thought that, constitutionally, I was out of order, and gave me some iron, &c., without effect. My leg was also fixed in an iron machine to relieve the muscles of the calf from the weight of the leg. Another eminent surgeon came in consultation on June 26th. He agreed in Mr. C's treatment, and in the cause of the lameness; as did Dr. D, who was consulted as to my going to Wildbad.

"Aug. 14th.—As I did not improve, Mr. C put my leg into a gum plaster for a month. I then went yachting, and gave my leg perfect repose for that time. My health, which had been getting bad, was improved by the sea air, but my leg was no better. The surgeon on board the yacht, Dr. E, also examined me, and agreed as to the cause of the lameness, but said, 'An old woman may cure you, but no doctor will.'

"On Sept. 7th the gum plaster was removed, and galvanism was then tried for about three weeks. At the end of this time I went on a yacht voyage for four months, and, during the whole of this period, had sea-water douches. All this time I had been either on crutches or two sticks. My health was much improved by the sea voyage, but my leg was the same as before, and had shrunk to about half its proper size.

"April 5th.—Mr. F began his system to cure my leg. His idea was that the muscles were separated, but that if brought together continuously, they would rejoin. I wore a high-heeled boot during the day, and during the night my heel was fixed so that it was kept in the same position. No good arose from this treatment, and, consequently, after a month's trial, I went to Mr. Hutton, who, on seeing my high heel, said, 'What do you wear that machine for? Do you want to lame yourself?' I was proceeding to tell him the opinion of the various surgeons on my case, when he said, 'Don't bother me about anatomy; I know nothing about it; but I tell you that your ankle is out, and that I can put it in again.'

"After a few weeks, during which he had been to the North, and could not therefore undertake my case, I returned to him on June 27th, telling him that I had in the meantime consulted surgeons, who had assured me that, whatever else might ail me, my ankle was most assuredly 'all right,' but that I would notwithstanding submit to his treatment. He again examined me most carefully, beginning at the ankle round bone, and he then put his thumb on to a place which hurt me a good deal, and produced a sensation of a sharp prick of a pin. He proceeded to operate upon me, and, after a time, there was a distinct report, and from that moment the pain was gone. Mr. Hutton desired me to walk moderately, but to take no violent exercise for a long time, and to use a good deal of cold water. From that moment my leg gradually got better. I was able to walk out shooting quietly in September, and on the 14th October, having missed a train, walked home fifteen miles along the high road. In the following year I resumed cricket, tennis, and other strong exercise, and have continued them ever since.

"I omitted to mention that on July 5th, 1866, about a week after my first operation, I hurt my leg again by over-exertion, and was as lame as ever. But Mr. Hutton repeated his treatment, and I have never had another relapse. His statement to me was that, the ankle-joint being misplaced, the muscles were also misplaced, and would not heal."

These two cases, selected from many others, to the explanation of the facts of which I shall come hereafter, are mentioned in order to show that the art of the bone-setter has been required to supplement the best surgery attainable in England, and to cure patients of considerable social position. For the same purpose I transcribe a letter which appeared in the *Echo* newspaper in March of last year, and which serves to exhibit the kind of effect which Mr. Hutton's successful treatment was calculated to produce upon the general public:—

"Sir,—A short time ago, a painter, working for me, fell from one floor to another, was much hurt, and sent to Bartholomew's Hospital. After remaining there about three weeks he was sent out as cured, although he could not walk without crutches. After about a fortnight, seeing that he got no better, I sent him to Mr. Hutton, of Wyndham-place, Crawford-street, W., who found that his left hip and knee were both dislocated, which since then he has put into their right places, and the man now comes to his work as he used to do before the accident.

"I have several other cases showing the incapacity of the surgical profession. They, the students, are taught to know how to amputate legs and arms and make cripples, but not one of them knows how to deal with dislocations, and thus save the necessity of amputation. I have myself been the cause of saving, through Mr. Hutton, two legs from being cut off. Of this I am ready to give positive proof. This question is worth attention, with the view to establish a hospital for dislocations. I am quite ready to assist and be a considerable subscriber, in case the project can be realised.—Yours respectfully,

"65, City-road." "THOMAS LAWES.

It can be no matter of surprise that the man who is able to cure a defect should be believed in his account of its

nature; and a surgeon would only excite incredulity in the minds of non-professional people if he were to deny that any dislocations had ever existed in any of the instances referred to. Such, however, is the fact; and dislocations, in the ordinary sense of the term, formed no part of the cases which Mr. Hutton managed successfully.

I have already referred to the descriptions given by lecturers of the "rough handling" of bone-setters, and of the injuries thence arising. Bone-setters abound, and, for all I know, many of them may deserve to be thus spoken of. But, as far as Mr. Hutton was concerned, the censure was uncalled for. Like other people, he may have made mistakes, and may have moved joints that would have been better left alone; but the instances were certainly exceptional. He had indications to which he trusted, and which told him when he could be of use; and I shall have to show that these indications, which with him were either traditional or the results of experience, were in perfect harmony with anatomical and pathological facts, and were, therefore, not calculated to mislead. With regard to "rough handling," he certainly used force; and, in my own earlier attempts to deal with cases, I frequently failed because, restrained by fear of doing mischief, I did not use force enough. But the force was applied in a perfectly definite way, for the attainment of a definite end, and ceased as soon as that end was arrived at. There was no objectless movement hither and thither; but only a movement every step of which was considered and planned beforehand, like the movements of a surgeon in the reduction of an actual displacement.

In the next paper I will proceed to describe the cases treated, both under the aspects which they presented to a non-professional observer, and also in accordance with what I imagine to have been their actual pathology.

(To be continued.)

REPORT OF A CASE OF INTUSSUSCEPTION.

BY J. ST. CLAIR GRAY, M.B., C.M.,
ASSISTANT TO THE PROFESSOR OF MEDICAL JURISPRUDENCE, GLASGOW UNIVERSITY.

ON the 10th December, 1870, I was requested by a medical man in town to make a post-mortem examination of the body of a child aged five years, who had died after an illness of eight days' duration, the principal symptoms during that time being referable to the abdomen. As far as I could learn, the symptoms were briefly these:—Great tenesmus (nearly constant, but subject to well-marked exacerbations and remissions), accompanied with scanty stools of bloody mucus, though once or twice at first pure blood, which afterwards coagulated, was passed in considerable quantity; at no time during the illness was fæcal matter present. There was pain, at first referred to the symphysis pubis, extending in the middle line upwards to the umbilicus, but afterwards there was very distressing pain proceeding from the right iliac fossa upwards as high as the lower margin of the liver; no pain was ever complained of in the left iliac region. Vomiting was not present at all till the fourth day of the illness, and not till the sixth day did it always follow the exhibition of food. The vomited matters consisted invariably of the aliment of which the patient partook, with a little mucus, the whole having the odour and colour of bile; no stercoraceous matters were ever observed. There was considerable tympanites, but nothing was ascertained tending to throw light on the case either by percussion or by examination of the rectum by the finger. The pulse was small, thready, and frequent, beating 150 during the whole illness. The expression of the face was anxious throughout.

During the first part of the illness turpentine was given, both by the mouth and by injection per rectum, with the view of overcoming the hæmorrhage; and a mild laxative was prescribed, with a very small addition of laudanum, to procure an evacuation of the bowels and relieve the pain; poultices of linseed-meal and mustard were also applied over the abdomen; while beef-tea, chicken-soup, milk, and whisky-and-water were administered. After several injections of turpentine—which were retained for a considerable time, but came away very slightly altered from the condition in which they were given, without producing any natural evacuation—the blood to a certain extent ceased, any which now appeared being only mere streaks in the mucus which was passed at intervals rarely longer than one hour in duration, any attempt at movement of the bowels being accompanied by great tenesmus. Mercury-with-chalk, in three-grain doses, was then administered; and subsequently laudanum enemata were ordered, the case being then suspected to be one of ulceration of the bowel with spasm, giving rise to obstruction, probably near the ileo-cæcal valve, though some suspicion of intussusception was entertained. Embrocations of turpentine, olive oil, and laudanum were applied to the abdomen, together with warm fomentations. Besides this, tincture of assafœtida, in ten-minim doses, was administered in cold whisky-and-water every four hours, with a view to relieve as much as possible the flatulent distension of the stomach, which was so distressing to the little sufferer. During the last two days of his illness he partook only of whisky-and-water, but this, after being retained for a short time, was always ejected in much the same condition in which it was swallowed. On the evening of the eighth day of the disease a sudden pain, felt universally over the abdomen, came on, with great tenderness on pressure; the pulse was small and barely perceptible; and there were general symptoms of collapse,—in which state he continued till the hour of his death.

From the general symptoms, the case was viewed by the two medical men who attended him as one of ulceration with spasm, causing intestinal obstruction and rupture from pressure at the ulcerated part—the only mode in which the symptoms could be satisfactorily explained.

The following is a report of the appearances found in the abdomen, to which, by request of the parents, the examination was limited:—Externally the body appeared well nourished, and there was observed a considerable deposit of adipose tissue on cutting through the abdominal walls. The belly was much distended, tympanitic, and its whole surface of a deep olive-green colour. On opening the abdominal cavity, no appearance of inflammation of the peritoneum was found, and there was but a small quantity of clear serum in the lower part of the cavity. There were no adhesions and no appearance of hernia, strangulation, intussusception, or ulceration in the small intestines, which contained in their lower portions a small quantity of fæcal matters, and were much distended with gas. The omentum and mesentery contained a considerable quantity of fat; the liver was healthy; the gall-bladder empty; the stomach small but healthy and nearly empty. Attention was now directed to the large intestine, in which a large resistant body was found, occupying the descending colon, and passing through the sigmoid flexure into the upper part of the rectum; the cæcum was found rather higher in the abdomen than usual. A double ligature was applied to the ileum about two inches from its connexion with the cæcum and the intestine, the gut being divided between the two points of constriction. A similar procedure was adopted in severing the upper portion of the rectum. The colon, having been removed, was opened in its whole length, and the resistant body above noted was found to consist of an invaginated piece of intestine seven and a half inches long, there being within this a second invagination measuring nearly two inches. There was around the internal portion of the volvulus a considerable quantity of bloody mucus, but no fæcal matter, and this being removed, the invaginated intestine was found to be of a reddish or brownish grey colour, apparently passing into gangrene. There was no appearance of true ulceration, though there were several points at which there was marked congestion. The rest of the colon, including the cæcum and vermiform appendix, was perfectly healthy, as also were the kidneys, spleen, and bladder.

In this case the following peculiarities may be noticed, and may perhaps guide to a correct diagnosis in future cases:—The long duration of the symptoms; the gradual accession of vomiting; the absence from the vomited matters of any stercoraceous character; the absence of pain from the left side, where alone the lesion existed, and its presence on the right, without any apparent pathological change to account for it.

Newton-terrace, Glasgow, December, 1870.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

CLINICAL RECORDS OF THE THERAPEUTIC VALUE OF IODINE IN THE TREATMENT OF SYPHILITIC NERVOUS AFFECTIONS.

(From the Practice of Dr. BUZZARD.)

AFFECTIONS of the nervous system, due to syphilis, are always, according to Dr. Buzzard's experience, either connected with its tertiary stage or ascribable to hereditary taint. And when the patient's history is investigated, it is, in the first of these cases, more common, on the whole, to find that no secondary symptoms were observed than that these have been well marked. Not only is this the case with hospital patients, in whom an error of observation is of course probable, but also with persons occupying a superior position in life, who would have been highly sensitive to the occurrence of skin eruption, iritis, loss of hair, or sore-throat, if they had been affected by such symptoms. As regards the previous administration of mercury for the primary affection, Dr. Buzzard finds that this, more often than not, has been carried to the point of salivation. The nervous affections belonging to the tertiary stage are very numerous, and their diagnosis is frequently very obscure, but for our present purpose they may be briefly enumerated as follows:—Affections of the coverings of the brain, with or without lesion of the cerebral substance, and giving rise to epileptiform attacks, hemicrania, nausea, vertigo, or hemiplegia; optic neuritis; general paralysis and dementia; neuralgia; paraplegia; paralysis of one or more of the cranial nerves or of spinal nerves; progressive locomotor ataxy. It is not common to meet with well-marked tertiary symptoms affecting remote structures in cases of nervous affection due to syphilis. Occasionally, no doubt, patches of psoriasis may be observed, or serpiginous ulcers present themselves and aid the diagnosis, or a cellular node is to be found on one of the lower extremities, the cranium, or the sternum; but as a general rule such evidences are wanting. And so also in regard to the general aspect of the patient, every variety may exist, from the appearance of good health to a state of extreme cachectic debility. It is perhaps in the latter class of cases that iodine treatment is most efficacious. In all cases there is a great tendency to relapse.

In all cases of nervous affection due to syphilis, Dr. Buzzard is in the habit of employing the iodide of potassium, at least in the commencement of the treatment. He has found no reason to prefer the salt of any other base; and believes that any good to be obtained by the use of iodine may be most conveniently arrived at by the employment of this salt. Its effects, however, are subject to remarkable varieties. Acting like a charm in a number of cases, it is very disappointing in others which, nevertheless, present good grounds for the belief that they are of a syphilitic character. The duration of the symptoms before specific treatment is commenced is probably the most important element in this variation of results. Where the patient is seen early, and the diagnosis of syphilis rapidly acted upon, it would seem that the neoplasm is removed from the connective tissue in which it is deposited ere there has been time for the nerve-structure proper to have become seriously damaged. However severe may be the symptoms—complete paralysis of one or more cranial nerves, the occurrence of violent epileptiform seizures, or more or less complete paraplegia,—if these depend, as they frequently do in the earliest period, upon simple pressure exerted by the effused gummatous products, the absorption of these, under the influence of iodide of potassium, sweeps away the grave symptoms with remarkable celerity. But where, owing very often to want of recognition of the cause, valuable time has been lost, softening of nerve-structure has taken place from the pressure of gummata, or sometimes from inflammation and consequent obliteration of arteries. Under such circumstances the use of iodide is but limited. A certain amount of improvement will take place, and then the symptoms will remain stationary in spite of the continued employment of the drug. But even in such instances the continued use of the iodide will often be of great benefit; for it appears able to prevent the extension of disease to other and possibly more important parts of the encephalon or spinal cord.

Various as are the lesions of the nervous system resulting from syphilis—pain, convulsion, paralysis of motion or of sensation, and muscular atrophy,—there is not, Dr. Buzzard thinks, sufficient evidence as yet to show that one of these symptoms is *primâ facie* more likely to be beneficially influenced by iodide than another. In all the causative disease has to be treated, not the symptoms. Let there be a reasonable probability that any of these phenomena owe their origin to the presence of a syphilitic taint, and, if time has not elapsed for irreparable damage to be sustained, the use of the iodide is indicated, and will certainly be of the greatest service. And it seems likely that the explanation of this universal utility depends upon the fact that, at least in the first instance, the tissue affected in these various conditions is the same. It is the connective tissue in which the pathological changes occur, and wherever this may be situated, the disease in it will be amenable to the same treatment. Early diagnosis is everything in these affections. A patient may present himself suffering from very slight seizures which he calls "faints"—indescribable sensations which are scarcely, if at all, noticed by an observer. These are often of syphilitic origin; and, if their cause is mistaken, and a routine treatment (of bromide of potassium, for example) be adopted, they will rapidly increase in severity till violent epileptiform seizures take place, and possibly a hemiplegic condition supervenes. But a few grains of iodide of potassium administered daily will clear these "faints" away as by a charm, and, judiciously continued, will obviate the tendency to further mischief. The same thing occurs with the numerous cases of paralysis of one or more cranial nerves, that are so frequently of syphilitic origin.

As regards the mode of administration, Dr. Buzzard is ordinarily accustomed to commence with a dose of ten grains of the iodide, taken in water three times daily, and increased, if it appear necessary, at intervals of a few days, to fifteen, twenty, twenty-five, thirty, forty, or sixty grains. Upon the symptoms disappearing, he does not altogether suspend the use of the drug, but continues it in a moderate dose for weeks, sometimes months, and occasionally for years, withholding it now and then for a few weeks, and administering mineral acids, or iron, if anæmic symptoms be present. It is worth remarking that intelligent patients who have taken much iodide learn to judge from their sensations that a return to it is advisable, when they have discontinued it for some time. There are, doubtless, exceptional cases in which the iodide of potassium causes distress; but as a general rule it may be taken, with occasional intermissions, for months or even for years without injury or discomfort. Dr. Buzzard is not disposed to think that the addition of mercury is of service in tertiary syphilis affecting the nervous system; but he considers it useful in the case of children suffering from hereditary taint in whom nervous phenomena are present. His experience does not show him that any advantage is to be gained, as a general rule, by the addition of ammonia or of bitter tinctures to the iodide, which he prefers administering alone in a little water midway between meals. In certain cases, however, of continued epileptiform seizures, having a syphilitic origin, he finds that the combination of the bromide of potassium, in twenty- or thirty-grain doses, with five grains of iodide, two or three times a day, is attended with advantage.

HOSPITAL FOR WOMEN, SOHO-SQUARE.

CASES OF OVARIOTOMY.

SUBJOINED is the concluding portion of the report of the whole of the ovariotomy cases which have occurred in this hospital during the latter part of 1870.

CASE 7.—J. H——, a single woman, aged fifty, was admitted under Dr. Protheroe Smith on the 10th of October, 1870. She had noticed that her abdomen was enlarging for two years. It was found largely distended with fluid; the uterus was drawn up towards the right side; posteriorly to the left was a small, hard mass, of the size of an orange. The anterior vaginal wall was flattened.

Oct. 17th.—Pulse 94, hard and incompressible; lips very deep crimson. Patient bled to eight ounces.

18th. — Pulse 78, softer, but still hard; lips not so crimson.

20th.—From a small, thready pulse to full, hard, and incompressible.

27th.—Pulse 88; lips not so crimson.

31st.—Pulse 98, small, somewhat hard, incompressible. Eleven ounces of blood taken from the arm; the blood less buffed and cupped than before; crassamentum very firm.

Nov. 1st.—Pulse 78, soft and regular.

2nd.—Pulse 80, soft and compressible.

3rd.—Pulse hard.

4th.—Pulse 88, full.

5th.—Operation performed. A single cyst, containing twenty-six pints of clear fluid, was removed; the pedicle was tied, and dropped into the abdomen; and poultices with opium were applied to the abdomen.

Third day.—The patient has hardly any pain; has had a full, regular pulse; passed water by her own efforts yesterday and to-day. The urine contained a good deal of blood.

Fourth day.—Sutures removed; wound perfectly healed; urine all but free from blood.

Fourteenth day.—Patient is convalescent, but the bowels have scarcely been relieved since the operation.

Dr. Protheroe Smith observed that he had, in the case of J. H——, adopted a form of treatment from which he hoped favourable results would be obtained if judiciously practised in cases exhibiting an inflammatory character or disposition, and in those in which the long habit of vascular depletion, by effusion into the cyst, is suddenly interrupted by ovariotomy, which at once destroys the customary means of relief. In both instances in which he had pursued this plan, the cases had recovered satisfactorily from the effects of the operation, notwithstanding that one of them, successfully operated on by Mr. Christopher Heath, had exhibited a malignant character.

CASE 8.—M. W——, aged forty, a single woman, came as an out-patient to Dr. Meadows on July 9th, 1869, suffering from pain in the right inguinal region which had lasted for two months. By means of a vaginal examination the uterus was found to be rather acutely anteflexed; the right ovary was felt to be enlarged to the size of a small walnut.

Aug. 18th.—The fundus of the uterus is not to be felt in the anterior cul-de-sac; the sound passes in the normal direction, giving pain on passing the internal os.

Oct. 29th.—The os is felt to be directed slightly backwards; the sound passes in the normal direction fully three inches. In the right cul-de-sac is felt a tumour, which can be distinctly moved by pressure on the abdominal wall, chiefly by that made on the right side. No fluctuation is to be felt through the tumour; it is rather tender. When the patient lies on her back, the right groin and iliac region are more prominent than the left, and more resistant on pressure; percussion over the prominence is dull. No tumour can be felt except by passing the finger into the vagina, where a distinct mass is felt on the right side between the finger and the hand placed on the abdomen.

Nov. 19th.—The size of the abdomen corresponds to five or six months of utero-gestation. A soft, elastic, uniformly globular tumour is situated near centre of abdomen; it cannot be felt per vaginam. The uterus is pushed into the hollow of the sacrum. The uterine sound passes three inches.

Jan. 14th, 1870.—Tumour remains of about the same size.

Aug. 1st.—The tumour has increased to the size of a large cocoa-nut.

Sept. 23rd.—The patient feels very well. The swelling on the right side of the abdomen is certainly larger and more prominent. The abdomen measures thirty-four inches about midway between the umbilicus and the pubes. There is dulness over the tumour, and resonance in the flanks and left iliac region. The tumour is chiefly on the right side. No distinct fluctuation can be felt. Per vaginam the uterus is found to be pushed backwards, the cervix is soft, the uterus not enlarged. The sound enters to the extent of two inches and a half. In the anterior cul-de-sac the tumour is felt as before, but more distinctly.

Nov. 7th.—Patient admitted into the hospital. Three weeks before, she was taken with violent pains in right side of the abdomen, and sickness, which obliged her to keep her bed for a fortnight. The abdomen was tender and tympanitic; she had rigors for four days, and was not expected to recover.

On examining the abdomen the tumour was found to reach to the umbilicus; it fluctuated distinctly, was somewhat tender on pressure, and slightly movable out of pelvis. The girth, two inches below umbilicus, was thirty-five inches. The uterus was found to lie in the hollow of the sacrum, and to the right side. On deep pressure to the left of the uterus fluctuation could be felt on percussion externally. The uterine sound passed upwards to the sacral promontory barely three inches and a half. The urine was free from albumen. The temperature and the pulse were normal.

The operation was performed on November 11th. The cyst, which was unilocular and sprang from the right ovary, was removed. There were a few adhesions of omentum, principally on left side, which were easily torn through. The pedicle was tied, and dropped into the abdominal cavity. Considerable difficulty was experienced in inserting the deep sutures, owing to the rigidity of the abdominal walls, in consequence of the tumour not having been large enough to distend them. The abdomen was covered with linseed poultices with opium. The tumour weighed half a pound; the fluid measured two pints and a half.

Sixth day.—The patient has done fairly well since the operation. She has been troubled slightly with pain, sickness, and flatulence. There has been tenderness in right iliac fossa, but it has diminished gradually, and to-day is entirely gone. The pain had not been greater than before the operation. There is slight tenderness to the left of the wound. On the sutures being removed, a little suppuration was found at the situation of the two lower ones, where the wound looks a little angry.

Seventh day. — Poultices discontinued; wound to be dressed with red wash.

Discharged, in rather poor health, on the forty-third day. Convalescence was delayed by an attack of tonsillitis.

This case is interesting, inasmuch as it had been watched from the time when the tumour was no larger than a walnut; also on account of the difficulty which was met with in inserting the sutures, owing to the smallness of the tumour, the smallest, Dr. Meadows believes, which has been removed. He was led to operate when he did by the attack of peritonitis which had occurred three weeks before.

CASE 9.—J. T——, a single woman, aged sixty-four, was admitted on the 27th of October, 1870, under the care of Mr. Scott. The catamenia had ceased to flow for ten years. She had noticed that the abdomen was increasing for fifteen months, but it had done so much more rapidly during the last four months.

Nov. 17th.—The abdomen is much distended, more so on the right than on the left side; percussion is dull all over, except from the ensiform cartilage half-way to the umbilicus. A hard tumour can be felt on the right side, reaching just to the right of the middle line at the umbilicus, and extending upwards to about an inch and a half from the right false ribs. The rest of the abdomen fluctuates freely.

The operation was performed on the 19th of November. The ordinary incision had to be extended upwards and downwards, in order to remove the tumour, which was composed of a quantity of small cysts connected with the right ovary. The pedicle was tied with ordinary ligature thread, and dropped into the abdominal cavity. The abdomen was covered with poultices, each containing a drachm of tincture of opium. The fluid was very viscid, and, with the peritoneal fluid, measured twenty-two pints. The tumour weighed 11¼ lb.

The patient recovered very well. Some sickness, which

was never very severe, was immediately checked by creasote. The stitches were removed on the fourth day. There was some slight suppuration from the lower part of the wound. On the twentieth day the patient was up and walking about the ward. She was discharged well on the twenty-eighth day.

CASE 10.—A. H—— was operated on by Mr. Christopher Heath on the 26th of November. She had been repeatedly tapped; and a year previously an operation had been attempted, but abandoned on account of adhesions. The adhesions were very strong and general; and, in enlarging the incision upwards, a piece of small intestine, which was firmly adherent to the abdominal wall, and perfectly empty, was divided in three-fourths of its circumference. The operation was completed with great difficulty, owing to the adhesions, and the pedicle was tied and dropped in. An artificial anus was then established by stitching the edges of the divided intestine to the abdominal wall.

Jan. 30th.—She has recovered well from the operation, the bowels acting regularly per rectum, a compress restraining the discharge from the artificial opening. Mr. Heath proposes shortly to close the fistulous opening, when more detailed notes of the case will be published.

CASE 11. — S. P——, aged twenty-six, was admitted on Oct. 11th, 1870. She had been married five years; had one child four years of age; the catamenia were regular. Her husband objecting to an operation, she was discharged in three days. She had noticed the swelling in the abdomen for five months.

Readmitted Dec. 12th, 1870. Her abdomen has increased in size in all measurements: she is now 42½ in. round at the umbilicus, 3½ in. more than in October. She has had rather more pain. The abdomen is somewhat more distended on the right than on the left side; there is perfect resonance in the left flank, but deficiency in the right; the rest of the abdomen is absolutely dull; free fluctuation is felt at all points; the skin moves freely over the swelling; the urine is free from albumen.

On Dec. 17th Mr. Christopher Heath operated, when a large multilocular cyst of the right ovary, consisting of one large cyst and several small ones, weighing 2½ lb., was removed. A few adhesions to the omentum were easily broken down; otherwise the growth was perfectly free. The pedicle was tied with ordinary strong ligature thread, cut off, and dropped in. There was some hæmorrhage from a band of adhesions, which was treated in the same manner as the pedicle. There was also some hæmorrhage from the omentum; one vessel was twisted, and part of it being still disposed to bleed, Mr. Heath removed it with the clamp and cautery. The wound was closed with wire sutures, and the abdomen was covered with linseed-meal poultices sprinkled with tincture of opium, which were changed every four hours. The fluid amounted to eighteen pints, and was very slightly viscid.

The patient recovered well from the operation, being only troubled with some pain, which was subdued by an opiate enema. Vomiting came on eight hours after the operation, which was checked by a drop of ipecacuanha wine given every hour, after the failure of bismuth and hydrocyanic acid, milk and lime water, and iced champagne. The sutures were removed on the fifth day; the wound had entirely healed. The bowels were opened by an enema on the ninth day. The temperature never rose above 100·6°, and was only twice over 100°.

The patient was discharged on Jan. 12th, feeling moderately strong, but occasionally complaining of pain in the right side.

Provincial Hospital Reports.

NEWCASTLE-UPON-TYNE INFIRMARY.

CASE OF COMPOUND DISLOCATION OF THE ANKLE-JOINT; DELIRIUM TREMENS, TREATED WITH LARGE DOSES OF CHLORAL.

(Under the care of Mr. RUSSELL.)

THE following case has been communicated by Dr. F. Page.

J. W——, a fat, bloated woman, of intemperate habits, married, and aged twenty-nine years, was admitted during the night of the 26th October, 1870, suffering from compound dislocation of the left ankle-joint, the result of a fall while intoxicated. The tibia, fractured through its malleolus, projected from a clean cut wound about two and a half inches in length, exposing the whole of its articulating surface. The fibula was fractured just above the external malleolus. The joint was freely syringed with an aqueous solution of carbolic acid (one part to twenty), and the dislocation reduced without removing any bone. The margins of the wound having been carefully fixed in apposition by means of wire sutures, it was dressed with carbolic oil, and the limb put upon a back splint and slung.

Oct. 27th.—Patient has had some sleep. Complains of great thirst. Ordered three pints of beer during the day; chloral hydrate, forty grains at bedtime.

28th.—5 A.M.: Very delirious and unmanageable; has got her leg out of the splint. Apparatus readjusted. Ordered four ounces of whisky.—10 A.M.: Has taken all the whisky. Has not slept, though she has been, and is, much quieter.—2.30 P.M.: Very excited and delirious. Ordered forty grains of chloral, and two ounces of whisky.—6.30 P.M.: Has kicked the leg out of the splint, and bruised it very considerably. Is very delirious and excited; has, in fact, delirium tremens. The leg, now very much inflamed and covered with large bullæ, was put up in interrupted side splints. A drachm and a half of chloral given.—7.30 P.M.: Still very unmanageable. Has been out of bed. Two nurses ordered to remain in charge all night. A drachm and a half of chloral again given.—11 P.M.: Excited, but quieter; has not slept. One drachm of chloral given.—At 12 o'clock, the patient still being quieter but sleepless, another drachm of chloral was given; and an hour afterwards she had fallen asleep.

29th.—9 A.M.: Remains in a profound sleep; pupils much contracted; is easily roused to take beef-tea and milk, but falls asleep again almost immediately. — 2 P.M.: Has awakened, and is quite sensible and quiet; slept at intervals during the evening.

30th.—Passed a restless night; is very thirsty, and has been frequently purged, passing rather copious fluid, and very offensive evacuations. Continues quite sensible.

Nov. 3rd.—Doing well. Has been taking large quantities of fluid food, with an occasional glass of whisky; asks for solid food now, and enjoys it. Ordered one pint of beer daily, and no other stimulant. A wound has formed over the fracture of the fibula, and the bone is exposed. The leg put again upon a back splint, and slung.

Jan. 10th, 1871.— Wounds not quite healed, but the patient able to go about the ward on crutches. Discharged.

Remarks.—To succeed, in a large surgical hospital, in saving the limb of a patient suffering from severe compound dislocation of the ankle-joint, complicated with delirium tremens, is a most satisfactory result. The above case is additionally interesting from the quantity of chloral taken —340 grains in nine hours and a half. Two other cases of delirium tremens have recently been most successfully treated by drachm-and-a-half doses of chloral. The drug has been supplied by Mr. H. Brady, the well-known Newcastle chemist.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28TH, 1871.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON NEURITIS OF THE BRACHIAL PLEXUS.

BY JULIUS ALTHAUS, M.D.

IN this paper the author has given a detailed description of a case of peripheral paralysis and anæsthesia affecting the whole of the right upper extremity, not a single motor or sentient nerve-fibre of the same having been spared. After excluding cerebral, spinal, and sympathetic paralysis, the influence of lead, of hysteria, and other causes, the author traces the affection to a rheumatic inflammation of the brachial plexus before its entrance into the axilla. The case was at first treated with various medicines and faradisation; but without any beneficial influence. The patient, however, recovered completely by a judicious use of the

continuous galvanic current. Dr. Althaus then analyses the mode of therapeutic action of the continuous current in this case, tracing it partly to its power in causing the paralysed muscles, which did not respond to faradisation, to contract, and thereby preventing their atrophy; and partly to a catalytic influence in effecting a proper dilatation of the bloodvessels of the affected parts, so as to enable these to take up, and remove into the general circulation, pathological effusions which compressed the nervous matter, and thereby impeded the conveyance of the nervous influence to the distal parts of the nervous territory.

Mr. BRUDENELL CARTER inquired whether the continuous current had been so applied in the case described as to include the brachial plexus in its circuit, and also whether Dr. Althaus had seen a curative effect from this current in other cases of neuritis. Neuritis of the optic nerve was so common a cause of blindness that any addition to the present means of encountering it would be a great boon to ophthalmic surgeons. It was manifestly impossible, however, to include the optic nerve within the circuit; and hence the bearing of his question whether or not that had been done in the present instance. He asked, also, whether the irritability of the muscles to the induced current was restored.

Dr. POWELL thought it probable that the curative influence had in reality been that of the prior treatment, and that after the removal of some effusion, the muscles were left paralysed by disuse, and required some strong stimulant to set them in action.

Dr. BUZZARD thought the case possibly hysterical; and related the particulars of one of a somewhat similar kind, in which the patient had been cured by the application of a powerful faradic current.

Dr. W. OGLE inquired whether there were any cases on record in which paralysis of a superior extremity had been produced by disease of the cervical sympathetic.

Mr. THOMAS SMITH withheld his consent from the diagnosis. There was no history of tenderness, which he thought would certainly have been present if there had been neuritis.

Mr. SAVORY could not accept the author's explanation. He asked whether effusion takes place in nerves, and of what? If it took place would it produce paralysis? He thought probably not, when the absence of paralysis in cases where nerves were pressed upon by tumours was considered. He asked also what the electric current would do in such a case; how it would dilate bloodvessels, and why dilated bloodvessels should take up effusion?

Dr. ALTHAUS replied that the current was applied by placing the positive pole over the brachial plexus above the clavicle, and the negative pole over all the paralysed muscles in succession. The irritability of the muscles to the induced current was restored, at first very slowly, but afterwards with a rush. Dr. Powell's view was untenable, because muscles paralysed by disease never lost their irritability to the induced current. Dr. Ogle would find several cases of paralysis of an arm from disease of the cervical sympathetic in Meyer's Treatise on Electric Therapeutics. Such cases as those mentioned by Dr. Buzzard were very rare; and his own patient had been subjected to careful faradisation for a month. Mr. Thomas Smith's objection was met by saying that the paralysis had already existed for four months when the patient came under observation; and there was a history of tenderness during the first ten days. Mr. Savory must have seen many cases in which the growth of tumours had produced paralysis, when they pressed upon nerves so situated as to be unable to elude the pressure. Many such cases were recorded by Benedikt and others. He could not explain how the galvanic current produced dilatation of bloodvessels; but he knew the fact, and the dilatation might be seen to take place under the positive pole.

ON SPORADIC CRETINISM OCCURRING IN ENGLAND.

BY C. HILTON FAGGE, M.D., F.R.C.P.,
ASSISTANT-PHYSICIAN TO GUY'S HOSPITAL, PHYSICIAN TO THE BERKLINA HOSPITAL FOR SICK CHILDREN.

After a brief reference to the occurrence of endemic cretinism in Somersetshire (as described by Dr. Hugh Norris, of South Petherton) the author passes on to the consideration of a disease of which a few scattered examples have been recorded, and which has been termed cretinism, but which differs in certain important respects from the endemic form of the disease. The features in which this "sporadic cretinism" resembles ordinary "endemic cretinism," are the following: The body is exceedingly stunted; the hands and feet are short and broad; the face is broad; the eyes are widely separated by the flat root of the nose; the alæ nasi are thick; the nostrils are rounded; the mouth is very large, and generally widely open. The lips are thick.

When "sporadic cretinism" is congenital, it is also attended with deficiency in the mental powers, varying in degree, but of a character very like that which belongs to the "endemic" form of the disease. The child is quite free from the mischievous tendencies of the ordinary idiot. It is good-tempered, and appears to be pervaded with a placid contentment. It often sits for hours perfectly quiet, wherever it may be left, and it is disinclined to move of its own accord. Sometimes it walks only with the assistance of a chair, even when it has passed the age of puberty. It is not rarely deaf and dumb.

The resemblance between endemic cretinism and the disease now under consideration was pointed out to the author by Dr. Gull. In certain important respects, however, this disease differs from ordinary cretinism. In the first place, it is sporadic. It does not arise by the intensification of a local morbid influence, of which the earlier manifestations are evident in the parents of those affected with it. It springs up, generally without apparent cause, in the offspring of a healthy father and mother. Again, it is not necessarily congenital. In a case exhibited to the Society at its meeting this morbid change commenced at the age of eight years. Up to that time the patient, the daughter of people in comfortable circumstances, had been well developed. She had an illness which was believed to be measles, after which she ceased to grow, and her bodily configuration underwent a complete change. Now, true endemic cretinism is said always to commence before the end of the fourth year. Goitre is never present in "sporadic cretinism"; indeed, in the only two post-mortem examinations which have as yet been made in such cases, and which were performed by Mr. Curling, no trace whatever of the thyroid body could be discovered. So far as can be ascertained, it appears probable that the thyroid body is likewise absent in the four cases which have recently come under Dr. Fagge's observation, and of which an account is given in the paper. On the other hand, in all these four cases, and in the few examples of a similar kind that have been placed on record by other observers, there have been invariably present certain soft symmetrical tumours, lying one on each side of the neck, just outside the sterno-mastoid muscle. One writer has described these tumours as venous, and they have sometimes been supposed to contain the apices of the lungs, since a distinct respiratory murmur has been heard on auscultation over them. But Mr. Curling showed that they consisted simply of fat, which was not enclosed in any distinct capsule.

Of the four patients who have recently been under the author's observation, one (the girl, in whom the disease began at eight years of age) is now seventeen years old, and is 4 ft. 1 in. in height; another, a boy, is eight years old, and is 2 ft. 7¾ in. high; a third, about twenty years old, is 2 ft. 4 in. high (this is a boy or man); the remaining patient, a girl, is twelve years old, and 3 ft. 10½ in. in height.

The author is disposed to adopt Mr. Curling's opinion that the atrophy of the thyroid body (if this should turn out to be a constant feature in sporadic cretinism) is the cause of the other phenomena of the disease; and in the concluding part of the paper an hypothesis is advanced, which may, perhaps, explain the apparent contradiction which is involved in the association of this affection with wasting of the thyroid body, while the other form of cretinism is connected with goitre. At the same time it is thought that this hypothesis affords an explanation of certain peculiarities in the relations between endemic cretinism and goitre which have hitherto appeared to be difficult of comprehension. Goitre is endemic in many parts of England where cretinism is unknown. Goitre is the earlier effect of the endemic influence; cretinism shows itself when that influence has been intensified by operating on more than one generation. Hence it might be inferred that the worst cretins would invariably have very large goitres. Such, however, is not the case; they have often no enlargement

of the thyroid body. These considerations have led some observers to think that the association of endemic goitre with endemic cretinism is a mere accident. They rather appear to prove that there is a certain antagonism between the two phenomena. A large goitre may possibly have the power of protecting the individual against the more severe effects of the endemic influence. The most careful investigation has failed to show, either in the air, the water, or the soil of Alpine valleys, the presence of any element which is absent where cretinism does not prevail. Hence, if one could discover any counteracting tendency, it would not be improbable that the cause of cretinism prevails much more widely than the disease itself, although, doubtless, with an intensity varying in different localities. The author thinks that to counteract this cause in its slighter degrees may be one of the functions of the healthy thyroid body, which may thus be supposed to perform under ordinary circumstances the same office which the organ hypertrophied to form a goitre is imagined by him to carry out in those districts where cretinism is endemic. If this be so, one can see why wasting of the thyroid body should, in England, produce a form of cretinism.

Dr. LANGDON DOWN had been very much interested by the paper; and had at present twelve cases of the class referred to under his care. In none of them was there goitrous ancestry, and when not congenital, he connected the disease with the period of second dentition, rather than with measles, or any other ailment. In some of his patients there was presumptive evidence of parental intoxication at the time of procreation. No distinction could be drawn between sporadic cretinism and idiocy on the ground of quietness, because there existed a large class of quiescent idiots, chiefly those whom he had described as being of the "Mongolian" type.

WEDNESDAY, MARCH 1ST.

ANNUAL MEETING.

At the commencement of the meeting (at which thirty-nine Fellows were present), the President declared the ballot for the election of officers and Council for the ensuing year open for one hour, and nominated Dr. Dobell and Mr. A. Willett scrutineers.

The Auditors' Report was first read, and its adoption was moved by Dr. Webster (who entered into some details showing the satisfactory state of the Society's finances), seconded by Dr. Greenhow, and carried unanimously.

The Report of the President and Council was then read. It stated that the number of the Fellows was 665, that the new elections had been about the average, and that there had been fifteen deaths, principally among the non-resident Fellows. The income of the Society was £1421 18s., and the ordinary expenditure £951 19s. 8d. The number of subscriptions (301) was larger than in any previous year since the foundation of the Society with the exception of 1853-54. During the year 456 works had been added to the library, and the Library Committee had made their triennial inspection, and found it in excellent order and the most satisfactory condition. A general index to the Society's "Transactions" was in a forward state for publication. It was also mentioned that the Council had appointed a Committee on the subject of further library accommodation, the Library Committee having reported that there was no further room in the present bookcases for the constantly accruing additions. The Committee strongly recommended the building a large additional reading-room at the back of the present meeting-room. The further consideration of the subject had been referred to a sub-committee to make the necessary inquiries as to cost. The Council recommended an alteration of the times of meetings to the second and fourth Tuesdays from October to May, instead of from November to June as at present, and also the discontinuance of the separate publication of the Society's "Proceedings." It was also stated that no action had yet been taken on the resolution of the Fellows at the meeting of October 25th, which had superseded the scheme for amalgamation of the different medical societies.

At the conclusion of the report, Dr. Barclay moved, and Mr. Brudenell Carter seconded, its reception, which was carried; its adoption being postponed till the alterations recommended in it had been separately considered.

Dr. Barclay then moved the adoption of the Council's recommendation as to the alteration in the times of its meetings, which was seconded by Mr. B. Carter, and carried unanimously after a few observations from several Fellows in favour of, or against the change, and a proposal by Dr. Stewart for commencing the meetings in October, but retaining those in June to meet the accumulation of papers which usually occurred at that period, and which their authors might not wish to have retained over for the following session.

Dr. Barclay then moved the adoption of the other recommendation for the discontinuance of the "Proceedings," which led to a prolonged discussion on the feasibility of the change. Dr. Barclay stated the circumstances attending, and the objects contemplated in, the commencement of the "Proceedings" in 1857, the chief one of which was the publishing *in extenso* of short papers not of sufficient length or suitable character for the "Transactions." Several papers of this nature were sent in specially for the "Proceedings" during the first two years of their publication, but none, since that time; and so far they had proved a failure. Mr. B. Carter, in seconding the motion, suggested at the same time that some record should be kept of the discussions and opinions at the meetings; and Dr. Routh spoke in favour of the reports of the debates being inserted in the "Transactions," as many valuable opinions were often given in the discussions which followed the reading of the papers, and he thought we should, in this matter, imitate the publication of discussions adopted in the Academy of Medicine and other Societies of France. Dr. Douglas Powell stated that he thought the younger Fellows were, as he had been himself, till now, quite unaware of the special object just mentioned of the publication of the "Proceedings." Dr. Cholmeley was in favour of their continuance for the publication of short papers sent specially for insertion in them. Dr. Robert Lee, Dr. Webster, Dr. C. T. Williams, and Dr. Pavy spoke against their discontinuance; Dr. Robert Lee referring to the "Proceedings" of the Royal Society as a publication found to be of the utmost value in preserving a record of valuable papers which would never have found a place in the "Philosophical Transactions," and Dr. C. T. Williams and Dr. Pavy mentioning the great use they had found in having abstracts of papers for ready reference. Mr. Spencer Wells was in favour of their discontinuance. Mr. Curling referred to the "Proceedings" of the Royal Society as not allowing of any comparison being made between them and those of the Royal Medical and Chirurgical Society, owing to the much larger number of papers in the former, and to their not being reported regularly in weekly journals as those of this Society are. The President confirmed Mr. Curling's remarks about the number of the Royal Society papers, and their not appearing in reports of journals; and Mr. Brooke, in addition, referred to the fact that the papers of the two Societies were in two different categories, those of the Royal Society being principally confined to the exact sciences. Mr. Thomas Smith mentioned the objection which authors, whose papers were rejected from the "Transactions," had to find the fact, as it were, gibbeted for notice in the pages of the "Proceedings." Dr. Greenhow stated that his experience was against the authorised publication of the debates of meetings, and considered that the case of the French debates was not in any way applicable, as they were studied dissertations elaborately prepared, and sometimes lasting days in their delivery. Other remarks were made by Mr. Savory, Mr. G. Pollock, Dr. Stewart, Dr. Cholmeley, Mr. H. Arnott, &c., and Dr. Barclay replied with some further explanations as to the real nature of the "Proceedings."

An amendment was then moved by Dr. Webster, and seconded by Dr. Pavy, "That the question be recommitted to the Council, to be considered how the 'Proceedings' may be published in an improved form." This amendment was carried by 16 against 15, and on being put as a substantive motion was again carried by 16 against 12.

Dr. Barclay then moved the alterations of the bye-laws made necessary by the adoption of the Council's recommendations as to the change in the dates of the meetings, and afterwards that the report of the Council be adopted with the exception of the portion recommending the discontinuance of the publication of the "Proceedings," both of which were seconded by Mr. B. Carter, and carried unanimously.

On the return of the scrutineers, who had retired to examine the lists, the President announced the result of the ballot for officers and Council for 1871-72 as follows:—President: Mr. Curling. Vice-Presidents: Dr. Pitman, Dr. Stewart, Mr. Pollock, Mr. Bostock. Treasurers: Dr. Basham and Mr. Birkett. Secretaries: Dr. E. S. Thompson and Mr. Thomas Smith. Librarians: Dr. Chambers and Mr. Charles Brooke. Council: Drs. Fincham, Greenhalgh, Harley, Marcet, Murchison, and Messrs. Gascoyen, Hulke, Noverre, Salter, and Savory.

The President then addressed the meeting. He commenced by alluding to the internal commotion which had been going forward in the Society during the last few years with regard to the proposed changes in its name and organisation, and adverted to the fluctuating character of a Society in which the individual elements, as president, officers, and council are constantly giving way to successors to whom it is useless for the retiring Council to leave any legacy of particular measures, but who must be left to act according to their own judgment for the benefit of the Society. After a casual allusion to the illustrious roll of names of former presidents, and the important services the Society had rendered to the profession, both by its "Transactions" and its library, the President commenced the annual obituary notices of Fellows who had been lost to the Society during the past year, which included the names of Dr. James Copland, Dr. Thomas Mayo, Professor Syme, Dr. W. D. Chowne, Dr. Maclachlan, Mr. Charles Hewitt Moore, Dr. Samuel John Jeaffreson (Leamington), Mr. Thomas Nunneley (Leeds), Mr. Arnold Rogers (consulting dental surgeon to St. Bartholomew's Hospital), Mr. John Soden (Bath), Mr. John Badley (Dudley, Worcestershire), Dr. John Christopher Franz, Dr. T. Bacon Phillips (Brighton), and Dr. James Abercrombie (Cape of Good Hope). The President entered into details of the principal events of their lives, introducing many of his own personal recollections of them, and referring to their contributions to the "Transactions" of the Society, and their other published works. Among the points on which he more particularly dwelt were the *magnum opus* of Dr. Copland, his "Dictionary of Practical Medicine," occupying twenty-eight years of the life of its untiring and indefatigable author, an example of indomitable energy impelling natural ability and solid acquirements to a lofty position among contemporaries. The classical learning of Dr. Mayo, and his retentive memory, which enabled him to recite long passages from the ancient poets of Greece and Rome, and which placed him in a class of physicians gradually becoming extinct, which did much to sustain the prestige of physicians, and to entitle medicine to be regarded as one of the learned professions. Professor Syme's early surgical skill, his position in the foremost rank of surgeons in Scotland, his removal to London in 1848 and speedy return to his northern home, his long retention of the Professorship of Clinical Surgery there, and his position as one of the highest authorities in surgery in the United Kingdom; his plainness of speech and irritable temperament, which did not interfere with his generosity and hospitality and the cultivation of the warmest friendships. The quiet, thoughtful, and painstaking manner of the late Mr. Moore, and his conscientious discharge of duties entrusted to him; his career as Lecturer on Anatomy and Surgery and Surgeon to the Middlesex Hospital; the time and energy he devoted to the service of the Society in the different offices he held, from those of librarian and secretary, in 1858-62, to his resignation of the treasurership in 1870, only a few months previous to his death, during which period, not content with the devotion of his time to the management of the affairs of the Society, he had contributed numerous valuable papers to our Transactions. In the notice of Mr. John Soden reference was made to the valuable gift of medical portraits collected by his father, which on the death of the latter he had presented to the Society, and which became the nucleus of the extensive collection now possessed by the Society. After concluding the biographical notices of deceased Fellows, the President alluded more particularly to the failure of the renewed attempt to accomplish an amalgamation of the medical societies, and to establish a conjoint society on a broad basis, under the title of a "Royal Society of Medicine;" a similar attempt about eight years ago, during the Presidency of the late Dr. B. Babington, having been made with the same want of success. The combination of the *disjecta membra* of scientific medicine into one body, contemplated by its promoters, would undoubtedly have conferred many advantages on all who hereafter entered the Society; but it was necessary to conciliate the separate interests, the feelings, and, he might say, the prejudices of the existing members of the different societies, which seemed insuperable. But when, after oft-repeated meetings of Councils and Societies, and protracted and acrimonious discussions, they appeared almost overcome, the scheme was superseded by a resolution of our own Society to the effect "That the Council be requested to consider whether, while maintaining the charter and the constitution of the Royal Medical and Chirurgical Society, it may be possible to obtain a more complete co-operation with the Pathological, Clinical, Obstetrical and Epidemiological or other societies for the promotion of medical science." No action had been taken by the out-going Council on this resolution, but it had been left for the new Council, should it think fit, to take up its consideration. The President regretted that it had fallen to his lot to preside at so many meetings on this topic, and to have seen so much energy and painstaking ending in an abortive issue; but however favourably he may have looked upon the scheme, he could not, when he witnessed the strenuous and decided opposition it met from many of our own Fellows, and the opposition or lukewarm support of the other societies, desire that it should succeed. The agitation of the last two years had, he believed, been attended with unfavourable effects on the scientific work and material prosperity of the Society, but he earnestly hoped it would now be allowed a period of repose from the disturbing influences of projected changes. He added that his experience on the Council had convinced him that some new regulations for sending papers to referees for reports on their merits would be desirable, and might tend to ensure a more steady supply of papers for discussion at the meetings. In closing his address, the President rendered his acknowledgments and thanks to those who had contributed papers during his term of office, to the Council and officers of the Society for the support, assistance, and advice he had received from them in carrying on the affairs of the Society; to the sub-librarian for the admirable manner in which he performed his duties; and, apologising for anything by which, in the performance of the invidious duties of President at the various extraordinary meetings at which so much discordance of opinion had existed, he had by word or manner hurt the feelings of any Fellow, he concluded his address in these words:—"In the midst of the good fortune which has attended me in my professional career, I shall never forget the honour you paid me by electing me to preside over this distinguished Society. 'Floreat semper.'"

The thanks of the Society were voted to the President, Dr. Burrows; Dr. Black, Treasurer; Dr. W. Ogle, Secretary; and other retiring members of Council, and the meeting then adjourned.

Reviews and Notices of Books.

On the Genesis of Species. By ST. GEORGE MIVART, F.R.S. London: Macmillan & Co. 1871.

THIS is an uncommonly interesting, but at the same time embarrassing, book for a reviewer. No one can read it without feeling that it is conceived in a large and philosophical spirit, and written with singular critical ability. The author of the Darwinian hypothesis, to do him justice, is no less noted for the penetration and sagacity than for the impartial and honest character of his intellect. The merits of Mr. Hopkins' criticism of "Natural Selection" were at once recognised by Mr. Darwin; and we feel sure that he will equally welcome this author as a foeman worthy of his steel. We commenced, however, by saying that Mr. Mivart's volume was at once an interesting and an embarrassing one for a reviewer. That it is interesting no one can deny; for, apart from the seductive nature of an inquiry into the genesis of species and the evolution of animal and vegetable life, the subject is very ably handled. That it is embarrassing arises

from the fact that an attempt to solve the problem necessarily presupposes that the observations and illustrations should cover a considerable extent of surface, and be drawn from many and varied sources of information; and, in order to present a fair and adequate epitome of the author's arguments, it is wellnigh essential that none of the various links in his chain of reasoning should be omitted. Now to do this, or anything like it, would be impossible within the limits assigned us in a journal avowedly medical in its character.

In the introductory chapter Mr. Mivart first states his problem, and the nature of its probable solution. He gives a concise but just statement of the Darwinian theory; and indicates with much clearness its strong points in affording us a reasonable way of explaining and co-ordinating the varied series of biological facts, the geographical distribution of animals and plants, the existence of rudimentary structures, and the facts of homology, mimicry, &c. The great merit of the Darwinian theory—or hypothesis, as we think it ought to be termed in the meantime—consists in this, that we have not only no better, but apparently no other capable of embracing and reducing these facts within the terms of a law. The question that has yet to be decided is not so much whether "natural selection" is true, as whether it is the whole truth; and whether "the survival of the fittest" does not play a definite and certain, but still subordinate, part. Mr. Mivart's object is to prove that it does occupy this subordinate position; and that, admitting organic and other evolutions, the action of "natural selection" *alone* is inadequate to explain all the facts he sets forth without the aid and concurrent action of some other and unknown natural law or laws. He asserts, and his volume is occupied with evidences and arguments in support of his position, that "natural selection" is incompetent to account for the incipient stages of useful structures; that it does not harmonise with the coexistence of closely similar structures of diverse origin; that there are grounds for thinking that specific differences may be developed suddenly instead of gradually; that the opinion that species have definite, though very different, limits to their variability, is still tenable; that certain fossil transitional forms are absent which might have been expected to be present; that some facts of geographical distribution supplement other difficulties; that the objection drawn from the physiological difference between "species" and "races" still exists unrefuted; that there are many remarkable phenomena in organic forms upon which "natural selection" throws no light whatever, but the explanations of which, if they could be attained, might throw light upon specific origination. Besides these objections to the sufficiency of "natural selection," others may be brought against the hypothesis of "pangenesis," which, professing as it does to explain great difficulties, seems to do so by presenting others not less great—almost to be the explanation of *obscurum per obscurius*.

Mr. Mivart is evidently perplexed, in the application of the theory of natural selection, with the difficulties by which he is encountered. In the case of the giraffe, in the mimicry of insects, birds, and other animals, and in the position of the eye in the head of flat fishes, for example, he is unable to bring the facts into harmonious relation with the theory. But we must leave the reader to follow out for himself the various illustrations and evidences by which the author, in the succeeding chapters, fortifies his line of reasoning. Some of them appear to us very forcible, and all of them are pertinent to the various points that he is arguing. There is much in this part of his book to interest students of natural history, biology, and comparative anatomy. In connexion with this work, we would advise that another very able production, by Mr. Murphy, on "Habit and Intelligence," should be read, as there is in many respects much similarity between the views advanced by their respective authors. We are not by any means sure that the difference between these writers and Mr. Darwin may not be in some points more apparent than real, for the latter does not seem to deny the existence of an internal principle which makes every living organism a law unto itself, so to speak.

As is well known, there is a great intellectual school which inculcates that morality has been evolved out of perceptions of what is useful or pleasurable—a doctrine which another school violently opposes, in which we consider Mr. Lecky to occupy a distinguished position, spite of the hostile criticism which his last work encountered in the *Fortnightly Review*. Now Mr. Mivart regards the members of the former, who have no difficulty in tracing the germs of an *undeveloped* human morality in animals, to have confounded together "material" and "formal" morality. We do not know how far Mr. Darwin's views are to be identified with those of the utilitarian school of philosophers. He may afford us this information in his "Descent of Man," just published. The germs of morality, if present in animals, may be the outcome of what is affectionate in their characters.

In the chapter on Evolution and Ethics Mr. Mivart brings his critical powers to bear on the doctrines of the derivative school with a good deal of skill. He says:—

"Could the views of Mr. Herbert Spencer or of Mr. Mill or of Mr. Darwin on this subject be maintained, or should they come to be generally accepted, the consequences would be disastrous indeed. Were it really the case that virtue was a *mere kind of 'retrieving,'* then certainly we should have to view with apprehension the spread of intellectual cultivation, which would lead the human 'retrievers' to regard from a new point of view their fetching and carrying. We should be logically compelled to acquiesce in the vociferations of some continental utilitarians, who would banish altogether the senseless words 'duty' and 'merit'; and then, one important influence which has aided human progress being withdrawn, we should be reduced to hope that in this case the maxim, *cessante causa cessat ipse effectus*, might, through some incalculable accident, fail to apply."

The work closes with a chapter on Theology and Evolution, which may be read alike by clergymen and men of science, and with benefit by both.

A Treatise on Gout, Rheumatism, and the Allied Affections. By PETER HOOD, M.D. 8vo, pp. 417. London: J. and A. Churchill. 1871.

On the Tonic Treatment of Gout. By JAMES C. DICKINSON, M.R.C.S., late of the Bengal Medical Service. London: Ballière, Tindall, and Cox. 1871.

DR. HOOD justifies the appearance of this addition to the literature of gout by saying that he desires to record the results of long practical experience, and "to set forth the light in which the various hypotheses and conjectures that have clustered round a very prevalent disease present themselves to the physician who has studied their value at the bedside." He has "striven to describe gout and rheumatism as he has seen them, and to describe also the means by which their assaults may be repelled"; and he has not been careful to cast either his thoughts or his phraseology into the precise form of words which are most current at the present day. Pathologically speaking, the chief features of the book are the expression of the author's conviction that few of the theories of gout have as yet been sufficiently comprehensive, and that, in a very large number of the cases, functional disorder of the liver is, if not the actual cause of gout, at least the first link in the chain of morbid action on which gout depends. A great deal that Dr. Hood has written will appear "old-fashioned" to many modern pathologists; but, nevertheless, the account given of his

opinions and his experience is highly interesting and instructive. He does not scruple to break a good lance with the school of chemical physicians, or to base his faith in mercurial action upon clinical observation of sick men, rather than upon experiments on healthy dogs. Of colchicum and its allies he is a determined opponent, maintaining that its use can only be justified under exceptional conditions, and that it often procures present relief from pain at the cost of permanent injury to the health and vital energies.

It is often urged against medical books that they are not "literature," but to this statement Dr. Hood's treatise is certainly an exception. It is written in a light and pleasant strain, relieved by occasional anecdotes, digressions, and discussions upon collateral topics; and the author's views, however decidedly they may be held, are everywhere expressed with moderation, and with due deference to the judgment of others. The work is of a type which we wish were more frequent than it is; and, without pretending to agree with all the author advances, we very cordially commend him to our readers.

Mr. Dickinson appears to have been impressed with the substantial accuracy of the late Dr. Todd's views in relation to asthenic gout. He agrees with him in thinking that the presence of an undue quantity of lithic acid in the system, even though accompanied with the formation of free acid, is not sufficient to account for the phenomena of gout, adding that, in his opinion, the absence or deficiency of the red corpuscles of the blood has more to do with keeping up the gouty diathesis, and contributing to favour the production of urate of soda. Mr. Dickinson, in his little volume, sets forth the views that have been promulgated from time to time by different authorities on this disease; but we do not think that he has added anything very new or striking of his own. He appears to consider the so-called "gout in the stomach" to be always due to spasms of that organ. This is probably true of the larger number of cases, but not of all, for we are old-fashioned enough to believe that, occasionally, there is inflammation present—catarrhal in character. We should have been glad of something as to the cerebral symptoms—epilepsy and epileptic vertigo—that occasionally present themselves in persons of gouty diathesis. These are referable to one of two causes acting singly or in combination—viz., reflex action on the cerebral vessels from gouty dyspepsia, or the direct effect of a malnutrition or irritation of the nervous substance from a gouty blood circulating through it. Although we have frequently prescribed lithia water in gout, we confess that it has, on the whole, disappointed us. The author does not point out sufficiently the benefit that arises from the administration of iodide of potass in the more chronic forms. Altogether the volume is sketchy in character, and scarcely possesses such merits as to have rendered its publication necessary.

On some Advantages of Animal Vaccination for the Prevention of Small-pox. By A. VINTRAS, M.D., Physician to the French Hospital. London: J. and A. Churchill. 1871.

THE contributions by Dr. Blanc to our columns have already made our readers aware of the principal grounds upon which vaccination direct from the heifer has been recommended, and of the process to be adopted for carrying it out. This little pamphlet contains the report written by its author, at the request of his Excellency the Brazilian Minister, during the early part of the epidemic of small-pox in Paris, the publication of which Dr. Vintras has considered might be interesting at the present time. As the ordinary diseases to which the bovine race is liable are not transmissible to the human subject, the inoculation of animal vaccine must, Dr. Vintras holds, be both the safest and the most efficient method. He points out that the principal cause of the want of success of animal vaccination during the late extensive revaccination in Paris, was the eagerness of the public in seeking animal vaccine, which induced many individuals to practise spurious inoculations, which of course proved delusive, and failed to afford protection. The danger of transmitting any other than the vaccine disease is infinitely small by the ordinary method, with the least exercise of care and judgment, and the occurrences said to have taken place on the Continent have not been observed here. The pamphlet is, however, worth reading, and the practice certainly deserves consideration.

The Dark Blue. March, 1871. London: Sampson Low, Son, and Marston.

A NEW monthly, conducted, we suppose, by Oxonians. At a time when it is the fate of so many periodicals, like insects rather than systems however, to "have their day, and cease to be," it requires courage on the part of publishers and an editorial staff to start a new one. The worst thing about *Dark Blue* is its outside; of the inside, whether as regards the writing or the illustrations, we can speak well. It scarcely possesses sufficient medical or scientific matter, however, to warrant our giving it anything but a word of welcome. Mr. Thomas Hughes's paper, "Recollections of American Universities: Harvard," promises to be of interest.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. GEE'S GULSTONIAN LECTURES.

LECTURE I.

THE Heat of the Body was the subject selected by Dr. Gee for the Gulstonian Lectures. He proposed, he said, to deal first with the production of animal heat, next with its loss, and lastly with the balance struck between the two processes—viz., the temperature of the body, including a discussion of the theory of fever.

The first lecture (delivered on Friday, March 3rd) he devoted chiefly to a historical and critical sketch of the various theories that have been held concerning the source of animal heat. The chief of these were, the theory of innate heat, the mechanical theory, and the chemical theory. The last of these, the chemical theory, was considered first. It dates from the middle of the last century, but had been anticipated many years before. Galen, in his book on the Use of Breathing, declares that the first use of respiration "is to maintain the innate heat." He alludes to the common comparison between the heat of the body and flame, and says that "if we could only find out why flames are extinguished for lack of air, perhaps we should discover what animal heat finds useful in respiration."

In the middle of the seventeenth century, a young chemist, Mayhew, discovered the use of oxygen, a hundred years before the gas itself was discovered by Priestley, and the process of oxidation by Lavoisier. The latter maintained, and by experiment showed, that the oxidation going on in the body suffices to account for the greater part of the heat produced there, a doctrine which is still accepted as fundamentally true. Substances containing much tension-force are taken up by the body, and others with less pass away, and the loss of tension-force is equal to the sum of force the animal sets free, which, in the case of an animal at rest, is of one kind only—namely, heat. But explanations and reservations must be made in this oxidation theory. The combustion-heat of the compounds burned is not the same as the combustion-heat of the elements of those compounds. The oxidation in the body of much of the combustible matter taken in is incomplete; and, further, oxidation will not account for all the heat which the chemical processes of the body set free.

Where do these processes go on? The blood is oxidated in the lungs and reduced in the body generally; which of these processes yields the heat? or do both? That the heat was generated in the lungs, and thence distributed over the body, was supposed to be established by the experiments of John Davy, in 1814. He found the blood in the cafotid artery was warmer than that in the jugular vein, and that in the left ventricle than that in the right. Some subsequent experiments have been at variance with those of Davy, but on the whole there is reason to believe that the blood of the left side of the heart is generally a little warmer than is that of the other. But the difference is slight: the most recent data would reduce it to one-sixth of a degree. Cold air and the evaporation of water would, however, abstract much heat from the lungs; so the total produced there is probably considerable, and there is little doubt that some energetic chemical change goes on in the pulmonary blood. But by far the chief part of the oxidation changes occurs in the tissues. It is beyond dispute that the arterial blood contains more oxygen than venous blood, according to the functional activity of the part. The greater part of the heat resulting from these chemical changes is produced in the glands and muscles, which together make up the chief part of the body. In the glands the temperature rises with the energy of function: that of the salivary glands rises 2½ degrees Fahr. A single contraction of a muscle of a frog was shown by Heidenhain to raise its temperature the $\frac{1}{10}$ to the $\frac{1}{100}$ of a degree Fahr., and that of a tetanised muscle is raised ½ degree: an undoubted indication of proportional chemical changes.

Do these chemical changes occur in the vessels, or outside them in the tissues? Meyer believed that they took place in the vessels, basing his belief, first, on the fact that the quantity of the blood undergoing change which escapes from the vessels is quite insignificant compared with that which remains within them; and, secondly, upon the phenomena of muscular activity. What is it in the muscle which takes up oxygen and sets free carbonic acid? Not the muscular fibre itself, for the nitrogenised excreta are not increased by muscular exertion. Hence many people have held it wellnigh proved that combustion must go on in the blood. But there may be a non-nitrogenised product which is oxidated. Heat cannot become work directly; there must be some intermediate change analogous to the formation of steam in an engine, and this is doubtless a chemical change, though not an oxidation process. Hermann believes that the contraction of a living muscle and rigor mortis are alike in kind; that the contraction of myosin is the contraction of muscle, and that by the change physical force is set free; and force again reabsorbed when the myosin undergoes its synthesis back into the original muscular fibre. If, then, by oxidation we imply degradation of the amount of tension-force contained in any substance, Meyer's doctrine, that very little oxidatory process goes on outside the bloodvessels, may still be true.

Is there any direct proof of the oxidation of the blood? It has been found that the quantity of oxygen contained in the blood of different arteries is not always the same. The femoral contained only one-third as much as the carotid. This seemed to show that the further the blood is taken from the lungs the less oxygen does it bear. Some maintain that the same change goes on in the blood of arteries and capillaries, and the capillaries increase venosity just in proportion to the slow current and greater time occupied in the passage. Hoppe-Seyler, from his observations, believes that the blood does not oxidate matter within itself, but gives up oxygen to the tissues around, and the blood nearest the walls of the vessels loses its oxygen first.

The mechanical theory of heat at the present day resolves itself into the transfer of muscular work into heat. This occurs from the friction of the blood against the capillary obstruction; but the heart is merely a machine to abstract tension-force from the blood, and release it as motion. The ligature of a large artery raises the temperature of the blood thus obstructed 1°.

In conclusion, the lecturer glanced at the second part of his subject, the means of loss of heat. These are chiefly cold ingesta, air and food, radiation, and the evaporation of water from the skin and lungs. Other causes are the liquefaction of the products of the food, processes of hydration and dehydration, and the synthesis of the more complex molecules, as hæmoglobin and the plasma of muscle and nerve. The production of heat and work stand in constant antagonism; and, lastly, the evolution of electricity has also been shown (on the torpedo) to reduce the temperature of the body.

ST. THOMAS'S HOSPITAL.

A SPECIAL MEETING of the Grand Court of Governors of St. Thomas's Hospital met on Thursday last in the Terminus Hotel, London-bridge, for the discussion of business connected with the institution, and particularly for the appointment of an ophthalmic surgeon and of an assistant-surgeon to the hospital. There was a large attendance, Sir John Musgrove in the chair. After the reading and adoption of report of former meeting, the Court proceeded to the business of the day. Mr. Treasurer Hicks stated that, acting in accordance with the unanimous recommendation of the entire medical and surgical staff, the committee of the hospital had resolved to appoint Dr. Liebreich to the post of ophthalmic surgeon. Dr. Richard H. Goolden objected that, before the appointment was made, the Court would like to be satisfied of Dr. Liebreich's possessing certain qualifications, chief among which were the Fellowship of the Royal College of Surgeons and an adequate knowledge of the English language. Were Dr. Liebreich appointed to so important a post as that of lecturer and operator in ophthalmic surgery to such a great school as St. Thomas's before his possession of these two fundamental qualifications was ascertained, the precedent of choosing a foreigner over the heads of Englishmen equally competent for the duties, would, bad as it was, be little short of disastrous. Mr. Hicks replied that the Fellowship of the Royal College of Surgeons was not required for the office of ophthalmic surgeon; and as to Dr. Liebreich's command of English, it was, in his opinion, quite sufficient for all reasonable purposes. Dr. Liebreich was master of eight languages, and Mr. Hicks thought that a few months would suffice for him to add a ninth to the number. Dr. Liebreich was thereupon elected; after which he was introduced to the Court, and the duties of the office were read to him by the secretary.

The election of an assistant-surgeon was then proceeded with, the three candidates being Mr. Barwell, Mr. West of Birmingham, and Mr. MacCormac of Belfast (lately attached to the Anglo-American ambulance at Sedan). Mr. Barwell having withdrawn his candidature, the votes of the Governors were taken by ballot, when it appeared that the majority had been given to Mr. MacCormac, who was thereupon declared duly elected.

ROYAL COLLEGE OF SURGEONS.

AT the meeting of the Council held on the 2nd inst., to consider the scheme for a Conjoint Examining Board for England, an account of which appeared in THE LANCET of last week, the expiration of Mr. Harrison's term of office as a member of the Board of Examiners in Dental Surgery was reported, and the President stated that the vacancy would be filled up at the next quarterly meeting of the Council in April. A letter was read from Dr. Saunders, of Hayward's Heath, a member of the College, advocating the enactment by the Council of a bye-law enabling graduates of British universities to be admitted to a modified examination for the Fellowship. A special Council was ordered to be summoned for the 15th inst. to elect an Examiner in the room of Mr. Solly, resigned. The following Fellows of the College were nominated for the office of Examiner—viz., Mr. Campbell De Morgan, Mr. Timothy Holmes, and Mr. Henry Power. Messrs. Edward Bradford, of Harrow, and Henry Weekes, of Barnstable, admitted members in 1836 and 1836 respectively, were elected Fellows of the College.

An extraordinary meeting of the Council will be held on the 15th inst. for the consideration of the ordinary meeting of the Council on the 22nd, respecting the proposed conjoint examination to which we have referred elsewhere.

THE LANCET.

LONDON: SATURDAY, MARCH 11, 1871.

THE deputation to Mr. FORSTER, on Monday last, may be regarded as the first step towards launching THE LANCET Medical Bill upon the stormy sea of parliamentary discussion. It will be seen from Mr. FORSTER'S observations, that nothing is to be expected at present from the Government; and that even so advanced a reformer as the right honourable gentleman himself is not yet convinced of the desirableness of direct representation of the profession in the Council. It is manifest, moreover, that Government, in the present aspect of the political horizon, does not care to express any opinions that would excite the hostility of the corporations; and although any Minister bent upon a good measure of reform would find it his first business to disregard the lamentations of these bodies, however piteous, or their threats, however loud, we still cannot deny the wisdom of the policy that refuses to arouse a hornet's nest before the train is fairly laid for the destruction of its inmates. The refusal of Mr. HEADLAM, at the last moment, to introduce the Bill of the residue of the Reform Committee of the British Medical Association serves to clear the ground; and THE LANCET Bill will now be put before the House of Commons in a few days, not with any hope of a measure being passed this session, but simply to gain a place for it as one of the matters that claim the early attention of Parliament. This once accomplished, the rest will depend upon the profession; and its members, if they will meet and petition and address their representatives, may carry any reasonable enactments that are asked for in their name. For ourselves, we shall not fall back from the task we have undertaken, nor cease earnestly to advocate the adoption of those measures which alone can insure success. The men admitted easily into our ranks by the inferior corporations are not numerically important; but even one medical practitioner who cannot spell, and who does not know what the ulna is, serves to lower appreciably the tone and status of the whole medical body. It is against this evil that we are called upon to contend; and those who hold their calling in the honour that it deserves should not draw back from the strife.

WE congratulate the profession upon the prospect of a change in the relation between its members and the public, which cannot fail to contribute to the dignity and profit of the former and the good of all concerned. With a few isolated exceptions, it has been the chief duty of medical men to mitigate suffering and cure disease by a positive and empirical system, aided by such light as science has been able to bestow. In a desultory way, something has no doubt been done by individuals to improve sanitary arrangements and to warn the public against the causes of preventable disease. But the absence of any system has hindered the accomplishment of any considerable improvement. Up to this time our efforts have, in consequence, been chiefly directed to the creation of a sound state of public opinion on sanitary reform, and the securing of a platform from which we may be able to preach with authority, and of a field of action which we may cultivate with advantage to the general good. Let us for a moment endeavour to realise the effect of the change recommended by the Royal Sanitary Commission upon one single branch of the profession for the welfare of which we have been so long struggling—namely, the Poor-law medical service. In the rural districts the members of this service will become, as a rule, the medical officers of health. In the towns this arrangement will of course be impracticable, since it would be absurd to place in the hands of the officer of each petty district that separate authority which is required for the due administration of sanitary matters in large towns and densely populated districts. Indeed, the Commissioners have provided for this contingency by recommending that the relation of the medical officer of health and the Poor-law medical officers to each other be arranged by the local health authority, with the approval of the central authority; and it is impossible to doubt that the object of this arrangement is to secure perfect co-operation between the two in the relation of principal and deputy. In every case, however, the Poor-law medical officer will be endowed with new and important sanitary functions, by which his power to prevent and relieve suffering will be immensely augmented. When called to a patient whose illness is clearly due to the filthy surroundings of the cottage, or to its small and overcrowded rooms, he will no longer be confined to the duty of administering medicine, which under such conditions is of little use, or the giving of instructions which cannot be fulfilled; but he will stand in a new position. It will become his duty to order the abolition of the nuisance, the reduction of the overcrowding, and the removal of the patient to the hospital, where his directions will be completely carried out. Instead of being, as he is too often now, the agent of a false philanthropy, the administrator of a sham system of relief, the cloak by which society hides from itself or palliates the results of its own neglect, the despised Poor-law medical officer will be elevated to the position of a genuine power in the State; he will be the educator of ignorant landlords, the stimulator of those who are neglectful of their duties to their labourers, and the scourge of those whose only object is to receive their rents.

Nor will the satisfaction of the Poor-law medical officer be lessened by the certainty that he will be enabled, in his new relationship, to effect a rapid improvement in the health of the productive classes. It is impossible to calculate how much weakness and disease will disappear under better sanitary laws. To what, indeed, is the increased pauperism of our towns due, but to the accumulation of a population whose energies are enfeebled and whose productive powers are lessened and prematurely destroyed by a life passed in overcrowded and unhealthy dwellings, and by the drunkenness and bad habits which ensue? We may provide dispensaries, hospitals, and workhouses, but they will not reach the causes of disease; and until now the medical attendants of the

poor have had no power to deal with the fundamental evils under which the lower orders suffer. It cannot be too often impressed upon the minds of the public that health means wealth, high wages for the poor, diminished burdens for the rich, and contentment and enjoyment for all. It is as impossible to get productive and profitable labour from a sickly and enfeebled population as crops from an exhausted farm; and we rejoice to think that the Poor-law medical officer will be relieved of the drudgery of striving in vain to make labourers sound and healthy under conditions which make his efforts fruitless. Nor must we omit to observe that the Poor-law medical officers will have under the new system a better guarantee of considerate treatment than they have ever had from the present Poor-law Board. We shall reserve our remarks upon the nature of the local authorities proposed in the Report; but now simply observe that the consolidation of Poor-law relief with public health will certainly secure the formation of a central department which will act in sympathy with the medical officers, and support their interests. The Commissioners recommend that no medical officer shall be removed without the sanction of the central authority; and the existence of a medical department will, we trust, prevent the scandalous injustice which has so often been condoned, if not sanctioned, by a Poor-law Board in which the medical element has been even worse than absent. Altogether we must express our complete satisfaction at this part of the Commissioners' Report. Justice will be done to a body of gentlemen who have for many years struggled under a weight of obloquy and wrong which no Minister and no Government has attempted to defend, and for whom there has been no relief. Performing their painful duties almost without remuneration, and in many cases with a positive loss, they will, we trust, reap the reward of their patience and self-sacrifice; and we can only hope that the Legislature will lose no time in giving the recommendations contained in this excellent Report the force of law.

EVERYONE is aware that affections of the heart are very common among soldiers. Various causes have been assigned for this at different times; and the medical members of the Government Committee appointed in 1864 to inquire into the subject expressed an opinion as to the mode in which they supposed such diseases to be produced in the army. After pointing out the changes in form and capacity of the chest, and the physiological conditions of the heart and lungs attendant upon strong physical exertion, they showed how the dress and equipment acted injuriously upon the immature frame of the young soldier, by tending to destroy the equilibrium between the powerful action of the heart and the capacity of the lungs to receive the blood propelled into them by the heart, thus, as a necessary consequence, leading to an imperfect action and disease of that organ. In fact, it was considered that by far the most important factor in the production of the relative excess of heart disease in the military over the civil population was to be found in the difference of dress—in the weight of the soldier's knapsack, and the constriction of his chest by his belts and accoutrements. As the subject happens to be one that has forced itself upon our notice, and obtained some consideration at our hands, we offer no apology for making some remarks upon it in connexion with an excellent paper by Dr. J. M. DA COSTA in the *American Journal of the Medical Sciences* for January of the present year. We may premise, then, that, although we fully recognise the injurious effects of the soldier's dress and knapsack, we are disposed to think that their influence in the production of cardiac disease has been somewhat exaggerated, and not by any means so clearly worked out as might be wished; at the same time, we consider that Dr. DA COSTA has fallen into the opposite error of underrating their effect in the production of the "irritable heart." However, to proceed with a brief *précis* of his practical article.

On the establishment of military hospitals in the large cities of America, Dr. DA COSTA became visiting physician to one in Philadelphia; and he soon recognised a peculiar form of functional disorder, to which he, in common with many other observers, gave the name of "irritable heart." Owing to the interest he took in the subject, the medical department at Washington furnished him with the means of studying the disease on a large scale. From the experience of the American war, and from that of other wars, it is certain that this form of disease has proved a fertile source of inefficiency and invaliding; and it is probable that a large number of these cases were, when CULLEN'S nomenclature was in use in the British army, really included under "morbus cordis" and other terms, some of them not even having any reference to the heart at all. Dr. DA COSTA'S observations extend over upwards of three hundred cases. He points out that the men who suffered from this irritable heart complained of inability to march, owing to shortness of breath, dizziness, and palpitation, accompanied with pain and a sense of oppression in the chest; that in a large number of cases there existed a previous history of some digestive disturbance; that, although the men might appear to be in sound condition, a persistently quick action of the heart was observable, which proved to be a chronic complaint, and one very difficult of cure; and that some of these cases of functional derangement ultimately developed into cases of cardiac hypertrophy. We agree with him in thinking that pain is an almost constant symptom, and that it is not due to intercostal neuralgia. Although the shortness of breath or oppression on exertion is generally complained of and is sometimes severe, it is a curious fact that the increased action of the heart does not give rise to increased frequency of breathing, the pulse-respiration ratio being one exactly the reverse of that of pneumonia. Dr. DA COSTA cites cases in illustration where the pulse was 124 and 146, and the respirations only 25 and 26 respectively in the minute. The frequency of the pulse is much affected by position, being much less in the recumbent posture; and Dr. DA COSTA states that he has had the opportunity of noticing that the effect of acute maladies in these cases was to render the pulse slower instead of quicker. The physical signs of this affection are very peculiar. The heart's impulse is quick and jerky, often irregular, and sometimes intermittent. The first and second sound are similar in character—short, sharp, and

almost metallic in tone; and it is difficult in many cases to determine accurately which is the first and which the second sound. Murmurs are generally not met with, but when present they are commonly systolic, just above the apex, and unconnected with venous hum or other signs of anæmia. Dilatation of the heart is rarely present; but the disordered function leads occasionally to organic disease (hypertrophy). Dr. DA COSTA, in analysing the causes of this affection, dwells upon the antecedent conditions of ill-health in his cases—among which may be enumerated fevers, chiefly typho-malarial, 17 per cent.; diarrhœa, 30·5 per cent.; hard field service, marching, &c., 38·5 per cent. He points out that the cases arose in all arms of the service—infantry, cavalry, and artillery. The fact that they did not belong exclusively to the first is conclusive, he thinks, that the form of accoutrements was not the exciting cause of the affection; although the waist-belt, and especially the knapsack, undoubtedly had something to do with aggravating the trouble, there was no proof that they produced it. It may be inferred from what we have already stated, that we hold the contrary. And we find some corroboration of our view in Dr. DA COSTA's statements, that fully two-thirds of the cases happened from the sixteenth to the twenty-fifth year; and that if the question were considered with reference to the number of persons under twenty years of age in the ranks, these would be found to have furnished the largest percentage. This points to the influence of pressure on the yielding, immature frame of the recruit, with the imperfect ossification and development of the bones and cartilages of his chest. Experiment will, moreover, enable anyone to demonstrate what is the effect of a "double" on the healthy soldier in heavy marching order. The pulse and respiration are disproportionately rapid for the amount of exertion; and there can be no mistake as to the signs of an embarrassed action of the cardiac and pulmonary organs. Here, then, we may discern conditions, as it seems to us, that stand in the relation of exciting causes to cardiac disease. Sphygmographic tracings of the radial pulse of a number of young soldiers have also shown that more or less marked dicrotism was present in them; which indicates that the heart is overtaxed. It is true that cardiac diseases are common among troops that do not wear packs, as in those serving in India, and in the Coast Brigade, Royal Artillery. Still the proportion of heart diseases in the cavalry of the British army is only about one-third of what it is in the infantry. We concur in considering that the best explanation as to the nature of the malady is that which refers it to the influence of a disordered innervation on a heart that has been made irritable by over-action and excitement; and we are disposed to think that the affection is attributable to a combination of causes—the use of strong tobacco and alcohol, by growing lads especially, seminal disorders and venereal excesses, syphilis, malaria, exposure to the sun, &c. One and all of these may be enumerated among its predisposing causes. The treatment found by Dr. DA COSTA to be most efficacious embraced the following: rest, digitalis, belladonna, &c. The treatment is never a short one; and the question arises whether it would not be better for the Government to discharge such cases at once. Dr. DA COSTA, on political almost as much as on medical grounds, thinks not. According to our experience they are among the most difficult and wearisome cases that the military surgeon can be called upon to treat.

THE Epidemiological Society was worthily occupied on Wednesday evening in discussing the epidemic of small-pox. We shall hope to lay before our readers next week the paper of Dr. GRIEVE, the Medical Director of the Small-pox Hospital, being an analysis of 800 cases admitted into that hospital during the present epidemic, and which formed the basis of the discussion. We shall not anticipate the details of this analysis, but note a few points of importance in the observations of the different speakers. The President, Dr. SEATON, made some very pertinent remarks. He said that the present was the most intense epidemic of small-pox he had ever known. He could not give any reason for this intensity. The epidemic of 1863 was severe, and more virulent than its predecessors, but was trifling in its severity compared with this, as manifested not only in London, Liverpool, and other places at home, but in France, Spain, Holland, &c. He dwelt upon the explanation adduced by Mr. MARSON and Dr. MUNK of the severity of the disease, and attributed it partly to the larger number of unvaccinated children and partly to the essential malignity of the disease. Faith in the utility of vaccination was unshaken, but to be effective it should be universal, it should be done at an early age, and it should be well done. It could never be absolutely universal. In London, for example, there were always 20,000 children below the age at which any compulsory Vaccination Act could be made to apply, to say nothing of other cases and causes of non-vaccination. As it could not be universal, there was the greater reason why it should be done thoroughly. Dr. SEATON dwelt on the imperfect, slipshod style of much of the vaccination that was done, and expressed his belief that in the present epidemic we were paying the debt for this loose and scanty way of performing vaccination. But he added that he could assert that a mode of vaccination was now carried on by the public vaccinators in the large towns in England which would satisfy Mr. MARSON himself. He denounced the doings of the anti-vaccinationists, but thought they should not be exaggerated, the mortality under five being not greater than in 1863, but rather less—46 per cent. instead of 47. Revaccination would, perhaps, always be a necessity, but it certainly was so at present in view of the unsatisfactory way in which vaccination had been performed. Mr. MARSON said that from September 29th to March 6th they had admitted 751 cases. Of these 618 or 82 per cent., were vaccinated; 133, or 17 per cent., unvaccinated. Of the vaccinated 9 per cent. died, of the unvaccinated 44 per cent. Of those who said they were vaccinated, but who bore no marks, 22 per cent. died, according to former observations, and the rate of their mortality goes on increasing. Mr. MARSON said that vaccination was of no use in small-pox unless practised early enough to have gone on to the stage of areola before any symptoms of illness are felt. Mr. MARSON spoke of the complete failure of much of the revaccination that was done. He seldom

failed to get some result from it, and the wonderful success of the operation was remarked on by most speakers. Mr. MARSON does not revaccinate nurses who have clearly had the small-pox. But he thinks that second attacks of small-pox are not nearly so common as is thought—in fact that they are very rare indeed. Diagnosis is still not perfect, and Mr. MARSON has a list of twenty-five different diseases that have been mistaken for small-pox. Dr. WHITMORE reported, as the result of a house-to-house inspection in Marylebone, that 5 per cent. of children were unvaccinated, and 7 per cent. very imperfectly vaccinated, and that a large number of the imperfectly vaccinated children had been done by public vaccinators. Nothing of a therapeutical kind was advanced save by Dr. GRIEVE, who said, in answer to Dr. GLOVER, that stimulation was found to be very bad practice, especially in severe cases.

ALTHOUGH the occupation of the Surrey Music Hall has enabled the authorities of St. Thomas's Hospital to avoid an absolute interruption of the work of the institution, yet the provision so made has of necessity been limited and incomplete. The new buildings will practically form a large and substantial addition to the hospital accommodation of the metropolis, and a new hospital and school of medicine in almost as full a sense as if the old ones had been for some years in abeyance. The staff by whom the business of the institution has until lately been conducted was not only inadequate in numbers for the requirements of the new hospital, but had so dwindled as to be scarcely sufficient for those of the temporary one. The governing authorities, therefore, have enjoyed an almost unprecedented opportunity of forming a staff not only strong in numbers and renown, but composed of men who should be in some sense complementary to each other in their attainments, and fitted to build up an enduring and coherent whole.

In order to accomplish this object, it would have been necessary, in the first place, to prepare a careful scheme for the future working of all the departments of the hospital, providing for the due discharge of ordinary, special, and casualty duties, and fixing the number of officers that would be required for each. To this scheme, as a whole, the attention of the profession should have been called, and applications for all the vacancies should have been publicly invited, with an announcement that no one, however distinguished, would have a position offered to him. By the adoption of such a course, the many eminent practitioners who might, for various reasons, have felt inclined to take office in the new hospital, would have sent in their names to any committee appointed to report upon the applications; and the governors would have had before them, in parallel columns, a statement of the wants of the institution, and the names of the men who were ready to undertake the several duties. It would then have been possible to fill each vacancy with reference to the rest, and to select each man with reference to the place he would hold among his colleagues, in such a way that every kind of power should be as far as possible adequately represented. In the improbable event of there being no sufficiently eligible candidate for one or more of the offices, the Committee would have been justified in going to A or B with an invitation and such inducements as they could offer. The invitation would then have been honourable alike to givers and receiver, and the selections ultimately made would at least have had the appearance of being guided by manifest fitness.

Instead, however, of acting thus, the authorities seem to have had no higher or more rational aim than to build up a staff piecemeal by the agency of earwigging in corners. Nobody has yet heard what appointments will actually be made; but every now and then professional gossips know that dark and mysterious whisperings have been going on, and ultimately it leaks out that an assistant-physician, or two assistant-physicians, or an assistant-surgeon, will be appointed at St. Thomas's Hospital. The whisperers have pitched upon a "dark horse" who is to be made safe; and they are then vexed and astonished to find after all some more conspicuously eligible person in the field, who had never entered into their calculations, but against whom, nevertheless, they are pledged to exert all their backstairs influence. Even when the appointments thus made are individually good, they will run many risks of being incongruous: the square man will be in the round hole, the strong man will be subordinated to the weak one; the surgeon who is master of some special branch of his art will be utilised as demonstrator of osteology; and the best physiologist among the physicians will be set to lecture on materia medica. It is a matter for much regret to see so great an opportunity falling under the control of persons who are unable to realise that patronage, like property, has duties coextensive with its rights; and, unless the governors of St. Thomas's should develop some at present unsuspected powers of organisation, there is only too much danger that the great institution under their control will sink into a mediocrity which for it will be a disgrace.

THE action of the Council of the College of Surgeons in declining—by a very narrow majority, it is true—to embrace the draft scheme for an Examining Board in England, prepared by the committees of the Colleges of Physicians and Surgeons and the Apothecaries' Society, is, in our opinion, greatly to be commended. When the Council found one of the members of its own committee, Mr. SIMON, speaking strongly against the scheme, it is not surprising that it should have thought twice before accepting a coalition which interested motives alone had brought forward. It hesitated, not from dislike to the one-portal system for which we have long contended, but because, far from being the single portal of entry to the profession in England, the proposed scheme would only have added one more to the already too numerous examining boards, and would have left the Colleges of Physicians and Surgeons and the Universities power to ignore the examination altogether in respect of candidates for the higher diplomas and degrees.

It was a matter of perfect astonishment to us that the College of Physicians should have yielded such a vital point as the appointment of half the examiners in Medicine, until we learnt that the Members of the College of Physicians were to be exempt from the control of the Conjoint Board, and to be examined by the College only as heretofore. We think that the bulk of the profession, composed as it is of general practitioners, will not feel flattered by this depre-

ciating kindness of the College of Physicians; and we are glad that Mr. SIMON and Mr. HUMPHRY should have put a spoke in the wheel, which appeared to be running round too swiftly. The exemption of the Members of the College of Physicians would have been bad enough, though they are to some extent restricted from general practice by the rules of their own College; but in the case of the Fellows of the College of Surgeons there is nothing to restrict them, and any gentleman of twenty-five may, the conjoint scheme notwithstanding, become a registered practitioner able to practise in every branch without passing any examination whatever in Midwifery, Chemistry, Pharmacy, &c. Unless the two Colleges are prepared to give up these exclusive privileges, and act with good faith in the matter of a single portal, we trust that the consent of the General Medical Council will be withheld from any scheme of amalgamation.

The case of the English universities is different. The number of graduates is so small annually, and the severeness of the tests applied is so well ascertained, that no harm would have resulted from leaving these bodies at liberty to grant their degrees irrespective of the conjoint scheme; but then what a bad precedent would have been set for the sister countries, where possibly the tests of education are not so rigorously applied. The fact is, the scheme, as we showed last week, is an avowed attempt to forestall legislation; and, let it be disguised as it may be by interested persons, there is no hope of introducing uniformity into the existing chaos of licences but by legislative interference. The sooner the profession becomes convinced that all attempts at patchwork are in vain, and that an authorised examination as the sole portal of entry to medical practice is the panacea for all the difficulties arising from competing corporations, the sooner shall we as a body be able to bring professional opinion to bear upon Parliament and the Government, and force them to carry a real Medical Act Amendment Bill.

Medical Annotations.

"Ne quid nimis."

"SAVE ME FROM MY FRIENDS."

IN our recent observations upon the selection of Dr. Liebreich for the office of ophthalmic surgeon to St. Thomas's Hospital, we expressed a wish that he might be saved from his friends. We regret to find, in the pages of an usually decorous contemporary, an article that shows how completely the wish was called for, and how devoutly Dr. Liebreich himself has by this time occasion to re-echo it. The article possesses the singular peculiarity that it has manifestly been "communicated"—that is to say, not written by anyone regularly engaged upon the publication in which it appeared. So at least we infer, partly from the fact that it contains nearly as many grammatical errors as lines, partly from the fact that the writer uses common words erroneously—as a charwoman might do—(thus we are told that "this *election and recommendation have been quite unanimous*," and that "no one who knows the state of English and foreign ophthalmology will doubt *their wisdom*"); partly from an ignorance about the points discussed so abysmal as to be inconceivable in a journalist, who lives in an atmosphere in which the most various scraps of information float and circulate; and partly from a general tone of vulgarity which we cheerfully admit to be wholly foreign to the place in which it is displayed. Still, the article is there, and derives a factitious importance from its position; and it makes upon us an assault against which we are bound to defend ourselves.

The writer tells us that since the death of "Graefe," Dr. Liebreich has been the acknowledged leader and representative of the German school, and accuses us of "insinuating" (we thought we had spoken pretty plainly) that he is not one of the most illustrious of the small inner circle of ophthalmologists. "If he be not," we are asked, "who is?" The answer is easy, and we are compelled to make it. In the first place, however, we would ask a question ourselves, namely—By whom, and in what way, has Dr. Liebreich been recognised in the manner described? "Graefe," as our contemporary familiarly calls him, died after the breaking out of the war; and it is strange, if the German school recognised as their leader and representative a countryman who had long migrated to Paris, that he should not at once have returned to Germany to assume this leadership, instead of seeking shelter in England. This is by the way. The small inner circle of ophthalmologists—by the common consent of Europe occupying, although on different grounds, a position of nearly equal and of unapproached eminence—was for some years composed of three men, von Graefe, Donders, and Bowman. In a second circle around them would be ranged others, whose claims would rest upon many years of successful teaching coupled with extensive and varied authorship. It would be invidious to name English examples, although they are not wanting; but, as a single illustration of a class, we may take Professor Stellwag v. Carion. In the same rank we should place those whose work has been less extensive, but of an especially high character, as in the instance of Dr. Giraud-Teulon. Then in a third circle, very well represented in this country, we find a large number of men who have written meritoriously upon some single subject—who have produced a good monograph or treatise. Among these we should place Dr. Liebreich; for although his repute rests on the skill with which he has painted accurate pictures of disease, rather than on any work which can be strictly called scientific, yet there can be no doubt that these pictures have been of much practical value, and that they are worthy of high commendation. When we ask what else he has done, what is the reply? He has suggested a modified fashion of operating for squint, he has devised iris forceps which, like the famous patent corkscrew, are quite as good as the old ones, and do not give much more trouble; and he has contrived portable and convenient forms of Ruete's ophthalmoscope. This is absolutely all, with the exception of a very few short and unimportant contributions to ophthalmological literature; and on such grounds, because a small knot of Englishmen were bent upon the accomplishment of a scheme of their own, we hear of a successor to von Graefe! Dr. Liebreich's position among the luminaries of the third order is so respectable, and has been so fairly won, that it is painful to be forced into this precise definition of it by the unscrupulous attack to which we have referred. We are compelled to say distinctly that this position affords no shadow of justification for the neglect of several Englishmen of at least equal merit, as far as proofs given publicly can enable us to determine.

We are charged also with other "insinuations," as to some of which we said the things plainly, without insinuation; while as to others we neither said nor insinuated them. We *said* that Dr. Liebreich quite lately could not speak any English; but we did not compare him to an adventurer. We com-

pared the staff of St. Thomas's to the kind of school-girl whom an adventurer would impress, but that is a very different matter.

When our assailant talks about the laws of dioptrics *as developed in Germany!* (we presume by Jung,*) and wanders befogged among his own imaginings about cataract extraction, we have neither space nor patience to follow him. But one of his blunders is so discreditable to an Englishman that we cannot pass it over in silence. He tells us that Dr. Liebreich "carried the first ophthalmoscope from Helmholtz to show it to Graefe." The "first" ophthalmoscope was made by Mr. Charles Babbage in 1847, four years before that of Helmholtz. Mr. Babbage showed his invention to a London ophthalmic surgeon, who assured him that it would be of no manner of use, and caused it to be thrown aside and forgotten.

THE VACANCY IN THE SENATE OF THE UNIVERSITY OF LONDON.

WE are glad to hear that Dr. Parkes, F.R.S., will be put in nomination for the vacancy in the Senate of the University of London, caused by the death of Dr. Allen Miller, and to be filled by one of three persons nominated by Convocation at its annual meeting in May next. The desire to see Dr. Parkes on the Senate is very widespread amongst the graduates, and the announcement that he consents to be put in nomination has given general satisfaction. As one of its earliest and most distinguished graduates, an able and experienced teacher and examiner, and taking first rank amongst authorities on all matters relating to medical education, Dr. Parkes possesses the entire confidence not only of his fellow graduates, but of the whole profession, especially in relation to the higher education of the day. He has, therefore, exceptional claims to a seat in the executive body of the University, and we are sure, by his presence and deliberations, he will materially strengthen the hands of the Senate.

DR. ANDREW WOOD ON THE MEDICAL COUNCIL.

"*Quodcunque ostendis mihi sic, incredulus odi*," would probably be Dr. Andrew Wood's quotation from his pet author, if we ventured to enumerate for him the many instances of the Medical Council's incompetence. But, on the principle of *qui s'excuse, s'accuse*, the elaborate apology that he made for that body at the dinner of the Royal Medical Society, on Saturday, may be accepted as proof positive that his official conscience is ill at ease. "Whatever might have been said in medical journals in disparagement of the Council," he would rebut by an appeal to the "testimony of facts." What are these facts? "The medical profession had been promoted, and the standard of medical men had been raised" by the Council's twelve years of legislation, quoth Dr. Andrew Wood. Is it so? If the doctor can show us a single advance effected in the status of the profession, which could not be explained by the simple element of time and the progress it more or less brings, we shall concede that he has proved his point. That the profession is very far from sharing Dr. Andrew Wood's opinion as to its own improvement, is manifest from the agitation now prevalent for such a scheme of medical reform as would really give promise of what he assures us has been effected—to wit, "the barring the profession against the introduction of illiterate men," and the promotion of an examining system which "had carried out the largest amount of demonstration and practical examination."

In truth, the only tangible result of the Council's very protracted and decidedly dull deliberations has been to mulct the profession in £60,000, and to produce a Pharmacopœia so nefariously bad that, after taking the world's breath away by its sins of commission and omission, it had to be rewritten, and is even now the *flebile ludibrium* of Continental schools. Dr. Andrew Wood is one of the cleverest men in the Council, and, with perhaps two exceptions, its best spokesman. If his speech at Edinburgh is to be taken as all that can be said in the way of "*apologia pro vitâ*," we are afraid that even he must be held, so far as the Medical Council is concerned, what his favourite Horace describes as *inutile lignum!*

ABLATION OF BRONCHOCELE.

IN the last number of Hay's *American Journal of the Medical Sciences*, three cases are reported by Dr. Warren Greene, in which bronchoceles, that from their size had become not only an incumbrance to the patient, but absolutely dangerous to life, had been successfully removed. In one of these the tumour had been present for twenty-six years, but had only recently taken on rapid growth. Its dimensions were such that the common carotid was pressed behind the posterior edge of the sterno-mastoid muscle, whilst the trachea was pushed over to the left side. Any attempt to swallow or talk produced terrible spasms of dyspnœa. The patient was unable to lie down, and required constant watching during her broken sleep, lest she should die of suffocation. She suffered from headache and giddiness, and could not stoop without losing consciousness. She gladly accepted the proposal of an operation for its removal. She was etherised, and a single straight incision was made over the tumour, from the inferior maxilla to the clavicle. The anterior external jugular vein, which ran close by the line of incision, was not injured. The sterno-mastoid, which was spread over the mass like a thin ribbon, and the several fasciæ, were successively divided upon a grooved director. The thin veins in and upon the surface of the tumour proved extremely troublesome, and severe hæmorrhage occurred. The areolar attachments were rapidly separated, till the pedicle was reached. In this were three large arteries, immediately recognised by their pulsation. These were quickly separated from each other by the fingers, and each portion of the pedicle tied with eighteen strands of saddler's silk, loosely twisted. All hæmorrhage ceased at once, but on separating the tumour it was found to be firmly adherent to the sheath of vessels, in detaching it from which the internal jugular was wounded. After the removal of the tumour the vein was tied with three strands of silk, loosely twisted. For several days there was considerable irritation of the œsophagus and trachea, but this passed off, and the patient made an uninterrupted recovery. The weight of the tumour was twenty-five ounces avoirdupois. The other cases are of equal interest.

THE PROMOTION OF MR. GOSCHEN.

ALTHOUGH we have had frequent occasion to criticise the actions of Mr. Goschen as President of the Poor-law Board, we desire to accord to him our tribute of praise for the success with which he has conducted what we regard as the most thankless and difficult department in our scheme of Government. He brought to bear upon a subject which was evidently new to him, an amount of patient industry and acute intelligence which have enabled him to appreciate very thoroughly the bearings of the complicated question of pauperism. He has accomplished some reforms

* This great authority was for many years called Dr. Thomas Young, and was generally supposed to be an Englishman. His works were even edited, under that impression, by the late Dr. Peacock, Dean of Ely. But the Germans have recently been engaged in the rectification of the scientific, as well as of the material, frontiers of their territory; and the name of the originator of the undulatory theory has been transmogrified in the manner represented above.

which had been successfully resisted for many years by the obstructive members of his staff, and he has inaugurated others which will bear important fruit hereafter. He found the proposal to form dispensaries in the metropolis had been allowed to drop, and we have to acknowledge that it is to his perseverance that the progress since made is to be attributed. Unhappily for the medical profession, he seems to have found the formation of a medical department, and the inauguration of a sanitary and preventive policy in the treatment of pauperism, impossible in the face of the traditions prevalent at the Board over which he was called upon to preside. But we are of opinion that he gave indications of a desire to pursue that policy, as he has shown also his willingness to put a stronger pressure upon the able-bodied labourer. Altogether we cannot but feel regret at the removal of a minister who was evidently prepared to support the recommendations of the Sanitary Commissioners, and to assume the fresh responsibilities it was proposed to entrust to him.

In Mr. Stansfeld the Poor-law Board will, we trust, find an honest and independent reformer. He has already displayed abilities of no mean kind, and with the warning that he will have need of all his firmness in managing the incongruous and obstinately feeble *personnel* of which the Poor-law staff consists, and all his judgment in dealing with the peculiar elements of which boards of guardians are composed, we hope very heartily that he will not fall below the success attained by his honourable predecessor, now promoted to the office of First Lord of the Admiralty.

THE PROPAGATION OF SMALL-POX BY THE SHIPPING.

THERE are refinements as well as rough-and-ready methods in most matters, sanitary precautions included, and it is said that on this head we are like, nowadays, to strain at the gnat and swallow the camel. And hence we recur, once and again, to a very rough-and-ready method of propagating contagious and infectious diseases, that exists in this country without let or hindrance. The floating population of Great Britain, whether located in the ports of London, Liverpool, or elsewhere, are mostly recruited from the unsavoury quarters of both urban and rural districts. They live, move, and have their being on the water, undisturbed by any doubts or fears as to the air that they breathe, or the cleanliness of the quarters that they inhabit. The tendencies of their work are migratory, and their daily habits are eminently insanitary. And thus it requires very little sophistry to show the importance of teaching them the value of cleanliness. But in this matter nothing whatever has been done. We were warned by the last epidemic of cholera in 1866 that our ships were the means of spreading the disease, and that it was imported into this city directly by their agency. It may be difficult to account for the origin of the present epidemic, but we know positively that vessels have been, during the past few weeks, lying at moorings in the Thames and the docks with cases of small-pox on board; that some of these vessels have gone to sea with members of the crew "down" with the disease; that Shields is declared to have been infected in this way, and that the inhabitants of Queenstown have to thank Liverpool for an abundant supply of the material. The evil is as patent as the ubiquity of our merchant vessels, and it is folly to talk about stamping-out the disease in any place where persons are suffered to come and go over whom no authority, central, local, or parochial, has any sanitary jurisdiction whatever. We dare to say that the port of London has had a large share in disseminating small-pox throughout the United Kingdom by means of the coasting vessels that frequent the river; and again reiterate that, if the Thames Conservators are too careless to initiate a reform, or the Home Office too supine to compel them to do so, the subject should form a first and important item in any action that may be taken on the report of the Sanitary Commission.

THE ADULTERATION BILL.

WE are glad to see that the *Pall Mall Gazette* not only cordially supports Mr. Muntz in his renewed attack upon adulteration, but even suggests that the provisions of his Bill might with advantage be made more stringent than they are, and that the adulteration of food, like that of drugs, should be severely punishable without reference to the noxious character of the adulterating material. We would also suggest that the retail dealer should be protected against the rascalities of wholesale houses. We believe that great firms are often the chief offenders in this matter; and that what is well described by the *Pall Mall Gazette* as a middle-class delinquency which demoralises one half of the nation while it defrauds the other, is really traceable to the large rather than to the small operations of commerce. It is quite right to punish small shopkeepers for their own sins, which are doubtless grievous enough; but we must not make them scapegoats for the sins of others. We shall never really extinguish adulteration until we get a "merchant prince" on the treadmill.

A Bill that has been repeatedly pressed upon the attention of the Legislature by a persevering member will in time almost certainly become law; and we cannot look forward to the enactment of such a measure as that of Mr. Muntz without feelings of gratification at the part taken by this journal in calling public attention to the want. We stood alone when Dr. Hassall, as THE LANCET analyst, conducted many thousand examinations of suspected articles. On the faith of his work we published the names of the dealers in adulterated goods, and first made known the extent and magnitude of the evil. The dealers watched us with extreme solicitude; and a single mistake, a single erroneous charge, would have been made the basis of a law-suit urged on with all the power of money, and with all the rancour of exposed dishonesty. The present Adulteration Act has failed to effect all that was required; but it asserts a principle, and will serve as a foundation for a better and more comprehensive superstructure.

THE VACANT EXAMINERSHIP AT THE COLLEGE OF SURGEONS.

THE not unexpected resignation of Mr. Solly last week opens up once more the question of the appointment of examiners at the College of Surgeons. It will be remembered that last October three vacancies in the Court were filled up by the election of Messrs. Hancock, Le Gros Clark, and Savory, the last gentleman being the first instance of a Fellow not on the Council being elected an examiner. Mr. Curling, who stood next in seniority to Mr. Hancock, declined to be put in nomination until the examiners in Surgery were separated from those in Anatomy and Physiology, and was rewarded for his public spirit by having Mr. Clark put over his head. The election of Mr. Savory was carried by a small body of councillors who were determined to put into effect the recent resolution of the Council itself, that one-half the examiners should be outside the Council. We hope to see another move in the same direction made on the 15th inst., when the election will take place.

The names of three Fellows not on the Council, but all eminently fitted to hold the office of examiner, were brought forward on the announcement of the vacancy last week, and

we trust that the liberal members of the Council will agree together and return one of them. Failing this, however, let us see how the Council list stands. Immediately below Mr. Clark come four gentlemen who have announced their disinclination to accept an examinership: they are Mr. Turner, Mr. Paget, Mr. Charles Hawkins, and Mr. Prescott Hewett. Then follow Mr. Spencer Smith and Mr. Birkett, whose rival claims as teachers and hospital surgeons it would be invidious to discuss. Were there any immediate probability of the examiners in Surgery being separated from those in Anatomy, the door would be open to Mr. Curling, whose experience as an examiner at the University of London and the College of Physicians gives him a high position; and even with this hoped-for arrangement still *in nubibus*, possibly Mr. Curling's coyness might yield to a little gentle pressure from his colleagues—were there occasion for it. But there is not at the present time; for, as we have said, there are three highly eligible candidates outside the Council in nomination, and we hope to see one of them elected.

THE SANITARY INQUIRY AT LIVERPOOL.

THE *Liverpool Daily Post* observes that "the authorities should have given a more cordial and urgent invitation to THE LANCET Commissioner to submit the case. In THE LANCET Report the high position of Dr. Trench and Mr. Newlands as sanitary authorities was fully recognised; but it is quite compatible with justice to insist that the eminence and service of those gentlemen shall not protect any of their arrangements which are open to censure." The *Daily Post* is of opinion that it is quite possible for the questions of sewer ventilation and trough waterclosets to be submitted to Drs. Parkes and Sanderson in such a manner as seemingly to invalidate the criticisms of THE LANCET; and observes that "the Corporation would look rather foolish if, after a favourable report from the gentlemen now at work, it could be feasibly alleged in THE LANCET that a different result would have been arrived at if the local authorities had invited our Commissioner to give evidence."

We have been since informed that Drs. Parkes and Sanderson have been busily employed, and have carefully investigated the matters referred to them. They have been assisted by Mr. Newlands, the borough surveyor, and Dr. Trench. They have examined the ventilation of the sewers, and have obtained specimens of the material used for making foundations. The Commissioners will perfect the analyses, and pursue several topics of inquiry at their leisure, and return to Liverpool when they have to their own satisfaction arrived at the results which are desired from their inquiries.

THE ROYAL MEDICAL SOCIETY OF EDINBURGH.

THE annual dinner of this Society was held, on the occasion of its one hundred and thirty-fourth anniversary, in the Douglas Hotel on Saturday evening. The chair was taken by Dr. Hinchcliff, the vice-chairs by Dr. Macdougall, Mr. Howie, and Mr. Livesey; and the company included, besides a large number of the members of the Society, Principal Sir Alexander Grant, Dr. Christison, with nearly all the medical portion of the Senatus Academicus, and many of the leading extra-academical teachers and practitioners of Edinburgh. The evening passed off in the most felicitous manner; Dr. Hinchcliff eliciting from Dr. Christison, in reply to the toast of the Volunteers, the remark that that force "had got quite enough of drill to render them most efficient soldiers in less than a month, if ever it should be their lot to be brought in front of an enemy." The usefulness of an invention, added Professor Christison, was measured by its fulfilment of the object for which it was made, and such being the case, nothing could have been more successful than the volunteer movement, "because the object of teaching the volunteers to fight was that there should be no more fighting; and during the eleven years they had been in existence, there had been no fighting, therefore the volunteers had eminently fulfilled their object." *Quod erat demonstrandum!*

The Chairman, in introducing the toast of the evening, "The Royal Medical Society," gave an interesting survey of the origin, development, and present condition of that body, and dwelt on the advantages which the clash of mind with mind in scientific discussion conferred on all engaged in it. Sir Alexander Grant followed in similar strain, and expressed the hope that, aided by such bodies as the Royal Society and the Royal Medical, the University of Edinburgh might develop into what Lord Bacon wished a university to be—not only communicating knowledge, but always pushing out new branches in every direction in the line of new discoveries. "There was one discovery," he said, "which the Royal Medical Society seemed to have made, and that was the *elixir vitæ*, for it had attained a flourishing youth of one hundred and thirty-four years." Sir Alexander, to the intense gratification of his younger hearers, held out the prospect of the Royal Medical Society being one day incorporated by charter in the buildings of the University itself.

THE BIRMINGHAM HOSPITAL FOR WOMEN.

THE public meeting at Birmingham, on the subject of the proposed Hospital for Women, has issued in a resolution approving of the project, and in the appointment of a committee for carrying it out. The scheme was very powerfully advocated by gentlemen who possess great local influence; and an amendment proposed by Mr. Gamgee, for the appointment of a committee of inquiry, to confer with the committees of other hospitals, and to report as to the accommodation that could be obtained in them, was withdrawn, seemingly for the sake of peace rather than from want of supporters. The report of the meeting tends to show how very much the application of general principles may be interfered with by local conditions. One speaker after another referred to, or suggested, reasons that were not plainly expressed, but that seemed to be generally accepted as showing that the Queen's or the General Hospital could not do the work required. For our own parts, we can only say that they ought to do it, and that any reasons why not must be discreditable to their management. Professor Berry founded his argument in favour of the new hospital partly on the ground that such hospitals already exist in other great centres of provincial life. The argument is not worth much, for the same reason that, as Lord Macaulay once pointed out, the conduct of Ananias and Sapphira furnishes no excuse for that of Titus Oates. We may mention, however, that in one of the places referred to we once visited the "Hospital for the Diseases of Women." It was a nicely kept institution, with clean, airy, and comfortable wards. Its chief fault was that there were no *patients in it!*

PUBLIC VACCINATION.

THE following points were brought under the notice of Mr. Simon by a deputation from the British Medical and Poor-law Medical Officers' Associations:—1. The impolicy of reducing the number of public vaccinators. 2. The special opportunities enjoyed by Poor-law medical officers for vaccinating the inhabitants of infected houses. 3. The serious division of authority between the Poor-law Board, the Privy Council, the Registrar-General, Boards of Guardians, and in

the Metropolis Boards of Works. 4. The importance of making the appointment of vaccination inspector mandatory instead of permissive. 5. The desirability of raising the fee, particularly for revaccination. 6. The necessity of publishing the rules relating to the granting of extra gratuities by the Privy Council. 7. The desirability of allowing payments for home vaccination, and for that of persons not resident in the district.

Mr. Simon stated that he would take an early opportunity of publishing the regulations respecting gratuities; that he thought the fee for revaccination should be revised; and that permission should be given for the vaccination of persons residing outside the district. He said that it had been found necessary to enlarge the districts, in the public interest, to secure arm-to-arm vaccination; and he offered to the members of the deputation the opportunity of stating their views to the Committee of the House of Commons now sitting on the subject.

MORISONIAN LECTURES ON INSANITY.

THE great subject of mental disease, its nature and treatment, has few more accomplished votaries than Dr. Arthur Mitchell, one of her Majesty's Commissioners in Lunacy for Scotland, and Morisonian Lecturer on Insanity at the Royal College of Physicians of Edinburgh. Dr. Mitchell introduced this year's course by an address to a large audience, on Friday, the 3rd instant. We quite agree with him as to the educational error of divorcing the subject of insanity from the other departments of medicine, and would gladly see provision made for observing the disease, and for studying it clinically, at all our medical schools. The University of London has given the matter its serious consideration; while an opportunity is afforded to Edinburgh, by the reconstruction of her infirmary, for making a beginning in this direction. Lunatic asylums are not very suitable for the study of the disease. There the inmates are generally in its advanced stages; and what is wanted are special wards set apart in every great hospital for treating it in its earliest and most tractable form. At Berlin this method has been carried out with the most gratifying success, while the Chairman of the Lunacy Board of Scotland has expressed an opinion highly favourable to the adoption of such an arrangement nearer home. Nor is it merely in an educational and professional point of view that such additions to our hospitals are to be encouraged. The provision they afford for the treatment of the insane would, in the case of Edinburgh, for example, confer a boon not only on the poor of the city and neighbourhood, but on the country at large. It is much to be desired that the great metropolitan school of Scotland will not miss the opportunity now presented of strengthening her educational system, and retrieving her reputation as a centre of medical culture.

THE OPHTHALMOSCOPE IN THE TREATMENT OF EPILEPSY.

DR. REUBEN VANCE, of the Bellevue Hospital, New York, calls attention to the advantage that may incidentally be obtained from careful ophthalmoscopic examination of the state of the circulation in the retinal vessels in epilepsy as a guide to treatment, especially in determining whether bromide of potassium and depletion may be used, or whether the patient requires tonics, as quinine, iron, and strychnia. He believes that two well-marked groups of epilepsy may be formed in accordance with the intraocular appearances, one group characterised by vascular fulness, the other by anæmia, of the retina. As the brain is anæmic during sleep, it is natural to suppose that the occurrence of sleep would be a predisposing cause of the fits in the anæmic form, whilst in the congestive form they would be more likely to take place during the day. This association he believes he has been able to verify in the early stages, at least, of the disease, and finds that the appearances presented by the ophthalmoscope, with the period of the day at which the fits occur, enable him to foretell with tolerable accuracy whether the bromide or the tonics will prove most beneficial, the former acting well in the congestive forms, the latter in the anæmic.

THE REMOVAL OF KNIGHTSBRIDGE BARRACKS.

IN answer to a deputation of the inhabitants of Knightsbridge, urging the immediate removal of Knightsbridge Barracks, the Chancellor of the Exchequer said that the Government had powers to acquire other property for demolition as well as the barracks, and to this the inhabitants objected. The Government desired to demolish the barracks as soon as possible, but this could only be done after accommodation had been found for the soldiers elsewhere. If the building, he said, were to be continued, a large sum of money would have to be spent upon them in repairs, and this being the case, this was the best time for considering the subject of the suggested demolition.

We would venture to suggest a method of overcoming the difficulty that we feel sure will commend itself to the economical mind of the Chancellor of the Exchequer. Abolish the regiment. The building of the Horse Guards will soon be vacated, and the sentries, so long the object of open-mouthed admiration to the nursery maids, and of awe to small boys, will no longer be required. The Life Guards are, no doubt, ornamental, if not useful; but their services in that respect are only required in London as an escort for the Queen when her Majesty is in town—which she rarely is. A lifeguardsman, fully accoutred, is too heavy, when mounted, to admit of a troop accompanying her Majesty for any distance, and the aid of a light cavalry corps has then to be called into requisition. With one regiment at the Albany Barracks, and another at Windsor, there is no need of a third. There would be just sufficient employment for two regiments to prevent the troopers from feeling the time hanging so heavily on their hands as to make life a weariness to them.

THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.

AT a special meeting on the 4th instant, the Faculty awarded the "Dr. James Watson prize" to Mr. George A. Wilson, of the Andersonian University, for the best essay "On the Anatomical Relations and Physiological Functions of the Sympathetic Nerve." The prize, consisting of a gold medal and five sovereigns, is an annual one, having been founded in honour of the eminent physician whose name it bears, and who has for many years been recognised as the "Father" of the Faculty, of which he was made a member in 1810. Owing to the burden of years the venerable donor of the prize was unable to be present at its bestowal, but a letter from him full of valuable counsels was read to the large audience of students present. Dr. Fleming, the President of the Faculty, announced as the subject of next year's essay, "Chylification."

ANTISCORBUTICS ON BOARD SHIP.

IN consequence of the opening of the Suez Canal, and of some misunderstanding that appears to have existed as to whether the Canal might be considered as part of the Mediterranean, the Marine Department of the Board of Trade have issued a notice to masters and owners of ships that vessels passing through the Canal must be provided with

lime- or lemon-juice according to the terms of the Duke of Richmond's Act. We may remind our readers that this proceeding was necessary, because vessels trading exclusively between the United Kingdom and the Mediterranean ports are, by the same Act, exempt from those provisions which relate to the carrying of lime- and lemon-juice. We doubt very much the propriety of this exemption, it being perfectly well known that small sailing vessels trading to Mediterranean ports very often make passages as long as ships coming from the Cape of Good Hope or from South America, and are sometimes worse provisioned. The positive cost of lime- or lemon-juice is really so small that we do not see the necessity of exemption in the case of any vessels, except those trading between ports in the United Kingdom.

THE PROPOSED HOSPITAL AT BATTERSEA-FIELDS.

WE have been given to understand that the Poor-law authorities had applied to the Royal Engineer branch of the War Office to construct hospital accommodation at Battersea-fields for 400 beds to meet the requirements of the present epidemic of small-pox. The specifications as to the character, size, and nature of the building required were furnished by the Poor-law officials. The cost of erecting iron buildings in conformity with the specifications was estimated at £50 per bed, which is reasonable enough under the circumstances; but the whole scheme has, we are told, been abandoned on the score of expense. It appears to us that it would have been perfectly easy for the Royal Engineers to have planned and erected any number of wooden huts, on the models they have themselves supplied at different military stations for hospital purposes, at a much smaller cost than £50 per bed; and we shall be curious to ascertain whether they were ever asked to do this or not.

TREATMENT OF ANEURISM BY MANIPULATION.

THERE are at present in the General Hospital at Birmingham two most interesting cases under the care of Mr. Oliver Pemberton, which illustrate the marked success which sometimes follows the adoption of Sir W. Fergusson's treatment of aneurismal sacs.

The first is the case of a comparatively young man with a popliteal aneurism, which was accidentally cured by the manipulation which Mr. Pemberton employed in the examination of the case.

The second is one of subclavian aneurism, where, encouraged by his accidental success, Mr. Pemberton kneaded the tumour, and with the most brilliant results. The sac was consolidated, the artery has become blocked up, and the collateral circulation has become completely established. Shortly after the symptoms of obliteration were evident, the suprascapular artery could be felt crossing the sac, and day by day its increase has been marked. The sac probably originated from behind the scalenus anticus.

THE CONTAGIOUS DISEASES ACT AND THE GUARDS.

THE following figures and particulars relative to the prevalence of venereal disease amongst the 1st battalion of the Coldstream Guards at Windsor, during two similar periods in different years, show the beneficial effect of the operation of the Contagious Diseases Act in reducing the disease by one-half, notwithstanding the limited area over which it is at present applied. From September 1st, 1870, to February 28th, 1871, the cases of primary syphilis admitted numbered 38; of gonorrhœa, 13; total, 51. Of the former cases, in 18 the disease was contracted in the district, in 20 out of the district; of the latter—i.e., the 13 gonorrhœal cases,—in 7 the disease was contracted in, and in 6 out of the district. The relative numbers of primary syphilis and gonorrhœa cases in the corresponding period of 1869-70, were respectively 72 and 28. The facts, for which we are indebted to Mr. Myers, speak for themselves.

REFUSAL TO VACCINATE THE CHILDREN AT LEAVESDEN SCHOOLS.

ALTHOUGH small-pox has broken out in the St. Pancras Schools at Leavesden, the Guardians have actually refused to give an order to Dr. Laking, "to vaccinate or revaccinate such of the children as, in his opinion, are not sufficiently protected, and all officers and servants who may be willing to undergo the operation." We warn the Guardians that they will fairly be chargeable with manslaughter in the event of any of the children or attendants dying of small-pox, and we hope the Coroner will insist on holding an inquest should such an event occur.

We are glad to know that the Chairman gave his vote in order to secure that the facts should be communicated to the Poor-law Board, and we doubt not that Board will interfere. The conduct of the Guardians is utterly indefensible, and affords another example of their unfitness to be trusted without the control of a superior authority.

EDINBURGH INFIRMARY.

THE managers were heard, on the 3rd instant, before Lord Mackenzie, on their *caveat* against granting interim interdict touching the sale of the Infirmary buildings. The application was at the instance of the Lord Provost and Councillor Millar, to interdict the managers from selling the property of the Infirmary to the University at the price of £25,000, in terms of the resolution of Monday, the 27th ult. Mr. Adam appeared for the managers, and the Solicitor-General and Mr. John Maclaren for the Lord Provost and Councillor Millar. After hearing Mr. Adam, the Lord Ordinary appointed the managers to lodge answers in eight days, and meantime granted the interdict against the sale of the buildings. At a meeting of the managers on Monday, it was agreed, by thirteen to four, to lodge answers to the noted suspension and interdict within the time specified.

The question of the education of females in medicine was yet again postponed.

VERDICT OF MANSLAUGHTER IN BETHNAL-GREEN.

DR. DEFRIEZ, one of the district medical officers of Bethnal-green, has been charged, on the inquisition of the Coroner, with manslaughter. The Coroner told the jury there was no chance of the verdict being sustained by a conviction, but the jury persisted on the ground that they would be sure of a full investigation of the matter, which might lead to the poor being more humanely treated. We have no intention to offer any remarks upon the particular case, and are content to take the Coroner's word that no conviction will ensue. But this should not prevent us asking whether neglect is not likely to occur under the Poor-law medical arrangements in Bethnal-green. Dr. Defriez is the medical officer of the largest, lowest, and most unhealthy district in the parish, at the remunerative salary of £150 a year. He attends the parochial dispensary daily for two hours; he has an average of about sixty cases of small-pox under treatment; he is called upon to attend about 100 cases of midwifery of the most complicated kind per annum; he pays from forty to seventy-nine visits per day, and, as fresh orders are issued twice a day, he is compelled to go

twice over the same ground to visit the cases to which those orders refer. Could anyone expect that he would be able to overtake such an amount of work; or is it unreasonable to suppose that, thus worked to death night and day, his judgment might for a moment fail him?

SMALL-POX AND THE RELIEF OF THE FOOT GUARDS.

THE civil authorities in Dublin, having heard of the proposed relief of the Foot Guards stationed there, by a battalion of the Grenadier Guards from Westminster, expressed a strong opinion against its being carried out, owing to the great prevalence of small-pox in the latter place. Acting on the advice of the military medical authorities, we believe, the Horse Guards countermanded the departure of the battalion from London. There have been three deaths from small-pox among soldiers in the metropolis, two of them in the Foot Guards.

REGINA VERSUS WATERS.

THIS case, in which a criminal information was laid by Lady Sandys against Mrs. M. A. Waters, the wife of Mr. A. J. Waters, M.R.C.S., of Ombersley, Worcestershire, for a libel on the Hon. Miss Sandys, came on at the Worcester Assizes on Monday last, and resulted in an abandonment of the prosecution with a *pro formâ* verdict of "Not Guilty." That a libel of a most scandalous character had been published was undoubted, but the evidence to connect Mrs. Waters with it rested chiefly on the testimony of an expert as to the identity of the handwriting of the libellous matter, against which there were her solemn affidavit that she had no cognisance whatever of the matter, and the repeated expressions of her own and her husband's abhorrence of the calumny which had been circulated against Miss Sandys.

PUBLIC VACCINATION IN BIRMINGHAM.

WE cannot think that the reduction in the number of public vaccinators in Birmingham from six to one has conduced either to the efficiency of vaccination or the convenience of the inhabitants. The average number of vaccinations performed at the public stations in the two years ending Christmas, 1868, was 5998; whilst during the years ending Christmas, 1870, under the new system, the number was 5621. There is no inspector of vaccination, and we are credibly informed that the public vaccinator finds it necessary to employ an agent to solicit the people to have their children vaccinated—an arrangement which is certainly calculated to interfere with the privileges of private practitioners, and is a very improper substitute for the services of an inspector of vaccination. We are not surprised to hear that a large proportion of persons who ought to pay have their children vaccinated at the public expense; whilst it is extremely probable that the lower classes, for whom gratuitous vaccination is provided by the law, are suffering from positive neglect.

CRUELTY TO ANIMALS.

WILLIAM HEMPSON DENHAM, who was convicted a few days back by the Guildford magistrates of gross cruelty to the cattle on his farm, and was sentenced to three months' hard labour, is, we regret to say, a registered medical practitioner, being a Member of the College of Surgeons of England of 1829, and a Licentiate of the Apothecaries' Society of 1828. We trust that both these corporations will take advantage of the conviction to strike off their rolls a man who appears to be insensible to the ordinary dictates of humanity, with a view to the removal of his name from the Medical Register.

Mr. Denham is stated to be a homœopathic practitioner by the daily papers, which we leave to make their little jokes anent "infinitesimals" and "similia similibus curantur." We regret to observe in the Medical Directory that he appears at one time to have held the post of assistant-surgeon to the Dartmoor Convict Prison, and that he is the author of various papers on political subjects, though he appears to have so entirely neglected the first principles of domestic economy.

THE MEDICAL ASPECTS OF PAUPERISM.

ON Friday last a meeting was held at the Charing-cross Hotel, at which a paper "On the Medical Aspects of Pauperism" was read by Mr. Fairlie Clarke, F.R.C.S., who advocated the conversion of free dispensaries into provident dispensaries, the reform of the out-patient department of hospitals, improved Poor-law medical arrangements, more attention to the sanitary condition of the homes of the poor, and that support should be given to the application of Mr. W. H. Smith, M.P., for a Royal Commission. The meeting was addressed by Sir Charles Trevelyan, Mr. Corrance, Mr. W. H. Smith, and other gentlemen.

POOR-LAW BOARD INCONSISTENCY.

IN the report of 1867, made by Dr. E. Smith, it was recommended that the salary of the medical officer of the Holborn Workhouse should be increased to £200 per annum. Since that time the duties have increased fourfold, and the guardians resolved to raise the salary to the sum proposed by the Poor-law Board, and to give Dr. Norton a gratuity for past services since November, 1869, at the same rate. The Poor-law Board have sanctioned the gratuity, but not the salary.

SUPPLY OF LYMPH.

THE vaccination officers in Marylebone have received instructions to put a stop to the practice of medical men waiting about the vaccination stations in order to procure lymph from children who were being taken for inspection. It is really too bad that medical men should be obliged to waylay the vaccinated children in this objectionable manner, and the practice affords another proof of the necessity of issuing some further regulations for the supply of lymph at public stations.

MR. CHILDERS.

WITH reference to the prevailing rumour that the indisposition under which Mr. Childers has been labouring is of the nature of paralysis, we are authorised to state that the right honourable gentleman is suffering from no paralytic affection of any part of the body. His temporary retirement from office is simply due to exhaustion from excessive devotion to its duties.

ON Monday evening Mr. Headlam, M.P., formally withdrew the Medical Bill of which he had given notice that he would ask leave to introduce on that day; and Dr. Lush, M.P., has placed upon the minutes an intimation that he will ask leave to bring in THE LANCET Bill, on Tuesday, the 14th inst.

THE Mines Regulation Bill is fixed for Committee on Thursday next; the Metropolitan Water Bill second reading on Monday next; the Adulteration of Food, Drugs, &c., Bill second reading on the 22nd inst.; and the second reading of the Coroner's Bill on the 29th inst.

THE Poor-law Board have informed the Birmingham guardians that they propose shortly to introduce a Bill into Parliament for extending to the country generally the powers which the Poor-law Board now possess as regards the metropolis, for directing the establishment of dispensaries wherever the Board consider them to be necessary. In sanctioning the further continuance of the existing arrangements, the Poor-law Board request the guardians to bear in mind that if such a Bill as has been indicated should pass, the Board will feel it their duty at once to apply its provisions to Birmingham.

SOME of our military readers might have been sorely puzzled by an announcement that went the round of the papers to the effect that an Inspector-Generalship of Hospitals in Scotland and the post of Honorary Physician to the Queen were vacant by the death of Dr. Campbell Mackinnon, C.B. Whatever may be the fact as to the last it seems pretty clear that, as the deceased was a retired officer of H.M.'s Indian Service, there could be no vacant Inspectorship in Scotland to be filled up.

THE current number of the *Contemporary Review* contains a very good and very readable article by Mr. Berkeley Hill founded upon his observations during the late war. Although he has not avoided falling into some pardonable errors of detail, he has, nevertheless, shown considerable sagacity in seizing upon the right principles, and in finding his way into the right tracks.

THE *Swindon Advertiser* states that a young woman, native of Swindon, was, the other day, sent home from her situation in London because of an attack of small-pox, which was so severe that she became blind the day after her journey. The *Advertiser* says there was a family of young children in the house to which the patient came, and that she was despatched from town by the night train. A case of this kind should be investigated.

THE collections now in course of progress amongst the Birmingham workpeople for the Extension Fund of the Queen's Hospital yielded £400 on Saturday last from 145 factories and workshops. Large contributions are still outstanding, and many other collections are known to be going on, so that before the accounts are closed a very handsome addition to the fund will have been made.

DR. CLEMENTS, one of the resident medical officers of the Liverpool Workhouse, who had only lately recovered from relapsing fever, is now suffering from typhus, caught in the discharge of his official duties. We understand that Dr. Alexander Bligh, of Liverpool, is also suffering from the same type of fever.

THE Hospital for Sick Children at Edinburgh treated ninety-five patients during February. Of these, fifty-six were in the hospital on the 1st of that month, and thirty-nine were admitted in the course of it; while 319 were treated at the dispensary and 130 were visited at their homes—in all 544; a most satisfactory return.

WE regret to find that scarlet fever prevails in so virulent a form at Oxford that the heads of some of the colleges have already sent their men down, while others will do so at the earliest opportunity possible. Term will not, however, legally end until Saturday, April 1st, the last degree day.

THE City of Brussels appears to be in a lamentably unhealthy condition. The death-rate during the last five weeks has averaged 45 per 1000 per annum, and one-fourth of the whole mortality has resulted from small-pox alone.

DEPUTATION TO MR. FORSTER.

ON Monday last a deputation waited on the Right Hon. W. E. Forster, at the Privy Council Office, in support of THE LANCET Medical Reform Bill.

MR. MUNDELLA, M.P., in introducing the deputation, stated that the object of the Bill to which attention was about to be called was to secure, for the benefit of the public, a minimum uniform standard of medical education. This, he said, it was impossible to obtain under the present constitution of the Medical Council. It was exceedingly desirable that the Government should take the matter up, or at least give the Bill its support.

DR. LUSH, M.P., said that, as a medical man, he took great interest in the matter, and he was persuaded that, in order to secure the approbation of the whole body of medical men, a Bill different from that which was introduced last session should be carried through the House.

MR. CARTER then proceeded to state that the chief object sought by medical reformers was to obtain an examination which should be sufficiently stringent in its character for the protection of the public, uniform in all three divisions of the United Kingdom, and capable of being modified to correspond with the progress of events. He ascribed the present very unsatisfactory state of things in a great measure to the present competition between corporations for the patronage of students, who often migrate from one part of the United Kingdom to another in search of a cheap and easy examination. It appeared as if neither her Majesty's Government, nor Parliament, nor the public had ever realised how little these licensing bodies are representatives of the profession, how completely they are remnants of old guilds for the keeping of secrets, how absolutely they may be composed of a small knot of persons enjoying lucrative privileges to the public detriment. A gentleman of great authority, Mr. Simon, the medical officer of the Privy Council, had occasion, in a speech delivered only three years ago, to describe one of these corporations; and he did so in the following words:—"The Council of the College of Surgeons has treated the examinerships in its gift as mere lucrative perquisites of its own body, best to be divided among its own members; and, with scarcely an exception, the ten oldest members of the Council have been the ten examiners of the College, sharing among them the payment I have described. The elder members of the Board have generally shown so much attachment to office that the succession of younger men has become more and more impeded; and of late, I believe, sixty years of age has been about the earliest time at which a man's turn could come to enter upon the functions and profits of an examiner at the College of Surgeons. Can you wonder, gentlemen, that medical education has languished in England, when suffering under an influence like this? As regards the mere examination in surgery, it has been bad enough that men should only be entering upon that duty at an age when, in a normal state of things, they would rather be preparing to abandon it; and I cannot but deem it to have been very mischievous, even for practical surgery in this country, that our examiners for long past years have been men from sixty to eighty years of age. But think, gentlemen, what the mischief must have been, in relation to the sciences of our profession, that during this period of unexampled scientific progress, persons in the fourth and fifth vicenniads of life have been empowered to settle, according to their own dim lights, what should be the standard of scientific proficiency for men first entering the medical profession! And this state of things, this utter corruption—for such it is,—has been defended by arguments which, if they mean anything, mean that examinerships of vital importance to the strength and development of surgery and medicine, may be used as a kind of almshouse for effete members of the profession." Mr. Carter said further that time did not allow him to follow Mr. Simon's masterly exposition of the widely ramifying evils springing from the state of things he had described; and, after adverting to the weak and divided state of the General Medical Council, he proceeded to explain the provisions of The Lancet Bill, and to show how it would tend to redress the evils complained of. In conclusion, he spoke of the question as being one of a public rather than of merely professional concern; and appealed to the Government to

render assistance in carrying into law a measure of substantial justice and equity.

Mr. FORSTER then entered with some minuteness into the history of the attempt at medical reform last year, and said that the Government would be unable to undertake the matter in the present session. There were some very important elements of THE LANCET scheme upon which questions would arise. With regard, for example, to the principle of representation in the choice of examiners—that is a point upon which he could only say the Government were not convinced. He did not say that they should oppose it, but they were not convinced of its desirableness. "Two things have to be done. We have to consider what is best for the country, and you have to consider what would be best in the management of your affairs. In the first place, we have to consider whether we are to protect the country at all against bad doctoring, which is in itself an interference with free trade, and if we are, how we are to do it. It is a very serious thing to say that we will protect the country against bad doctoring by means of the doctors. I do not mean to say that that is not the right way of doing it."

At the conclusion of Mr. Forster's remarks, a somewhat discursive conversational discussion followed, in the course of which the right honourable gentleman suggested to the deputation that they should use their various opportunities for the education of the public mind upon the questions at issue. The deputation then thanked Mr. Forster, and withdrew.

THE SMALL-POX EPIDEMIC.

METROPOLITAN ASYLUMS BOARD.

AT the usual meeting of the Metropolitan Asylums Board a deputation from Holborn complained of the delay in providing hospitals for small-pox, as proved by the fact that the board had been in existence three years and a half before a single bed was actually occupied; and that, more than a whole year after the actual commencement of the epidemic, the Poor-law Board communicated an offer of the War Office to erect a hospital for 400 patients at Battersea at the cost of £50 per bed, which was declined for want of more exact information.

The report from Hampstead indicated a somewhat favourable turn, there being fewer deaths and a notable decrease in the number of cases of hæmorrhagic small-pox. Dr. Grieve observed:—

"While last week the deaths among 1000 patients under treatment in the various hospitals for small-pox in London only amounted to 44, not less than 183 of those who remained in their own houses died; which gives proportionately 4160 as the number so treated. The inference from this is, either that the mortality out of the hospital is enormous compared to that in these institutions, or that 4000 people capable of disseminating the contagion of small-pox were at large in London last week."

At Stockwell, the committee reported that they would be able to place 100 beds at the disposal of the managers, and that the rest of the hospital would soon be completed. At Homerton there were 301 beds occupied, and the whole of the wards are now ready. The accommodation is for 800 patients.

PROGRESS OF THE EPIDEMIC.

The epidemic of small-pox appears to be at present stationary. The reduction in the number of deaths from 227 to 213, is not sufficient to justify a hope that the danger of a further extension has altogether ceased. The information obtained from the returns of mortality must be considered as being at least ten days behind that which might be derived from a proper registration of disease, and we have unfortunately no trustworthy information concerning the number of fresh cases. Owing to the illness of Dr. Bridges, we have no Poor-law return since the 18th ultimo, but from the scanty materials which have come to hand, we fear that there is not, at present, much appearance of a decline in the number of persons affected. The parishes of Marylebone and Paddington have been most energetic and successful in securing adequate means of isolation, and we shall be curious to watch the result. There have been 62 fresh cases in St. Pancras, and a large number in the southern and eastern districts. There have been 26 fresh cases in the City, but no death.

SMALL-POX IN ISLEWORTH.

The parish constable, his wife, and three children have been seized with small-pox. The son was an assistant at Messrs. Dakin's, in St. Paul's Churchyard, where he was attacked by small-pox. There being forty or fifty young men on the premises, exertions were made to get him into a small-pox hospital, but in vain, and he was sent down to Isleworth in a London cab, shortly after which he died, his death being probably accelerated by the removal. The case has been brought under the notice of the magistrates, and we shall be interested to see what comes of it.

THE EPIDEMIC IN GLASGOW.

There are 130 cases of small-pox in the hospitals of Glasgow, and 15 are known to be under private treatment. Many cases have been removed to hospital under the powers of the Sanitary Act, but in some cases of a mild type removal is not recommended. The disease is not gaining ground. It appears to have first attacked unvaccinated adults from the remote districts of the Western Highlands. Arrangements have been made for house-to-house visitations, and the value of revaccination has been proved by a remarkable case. Small-pox appeared in the Industrial School. Dr. Dunlop, the assistant medical officer of health, was instructed to inspect the children. There are 150 girls, and seven were found with small-pox fully out. On the following day seven others took ill. 110 girls were revaccinated and five ladies. Since then there has not been a single case.

VACCINATION IN CARMARTHEN.

The sanitary committee at Carmarthen have forwarded the following resolution to the Board of Guardians:—"That the attention of the Board of Guardians be called to the great laxity in carrying out the provisions of the Compulsory Vaccination Act, and to the urgent necessity of enforcing the same by taking proceedings against parties without delay." There is a case of small-pox in the workhouse.

SMALL-POX AT GATESHEAD.

Although there does not appear to be a large number of defaulters under the Vaccination Act at Gateshead, small-pox is prevalent. There are twenty-five cases at present under treatment, and the chairman of the Board of Guardians proposed to take the Barnham Asylum for a temporary hospital. The motion was lost, on the ground that the epidemic was not yet sufficiently serious. The guardians may soon find the matter to be beyond control, as it is in London and Liverpool, when the probability is that the expense will be more than double.

SMALL-POX IN WEST DERBY.

The guardians have determined to provide further hospital accommodation for small-pox. It was agreed last week to advertise for a field, and a committee was appointed to superintend the erection of galvanised iron sheds.

Correspondence.

"Audi alteram partem."

ON VACCINATION.

To the Editor of THE LANCET.

SIR,—In the report of the Small-pox Hospital for 1870 are these words:—"The failures of vaccination to prevent fatal small-pox which have occurred, are almost all of them due to the careless and imperfect manner in which it has been practised" (see THE LANCET, February 11th, p. 210); and therefore "a very large number of the adult population of this country are without adequate protection from vaccination, and all liable to take small-pox in its gravest and most deadly form." This describes a most fearful state

of things, and that it is not put in words too strong may be inferred from the present severe and extending outburst of small-pox.

It is important to trace it to its real cause, if this can be done; and there is one view of the case I think the mind of the public ought to be particularly directed to—viz., that the Vaccination Act itself has been a fruitful source, if not the sole cause, of this increasing number of the population being, in the words of the report alluded to, "without adequate protection." And in this way: it has legalised an inefficient mode of protection by ignoring the most important part of Dr. Jenner's discovery.

Dr. Jenner distinctly warned the profession that it was possible to have a local without a constitutional affection. One of his most valuable deductions is "that the virus of cow-pox inserted into the human body may produce an affection which is merely local, the general constitution remaining unaltered, and that in such cases the person is still liable to be infected with the small-pox." Yet in face of this the Vaccination Act trusts entirely to this local affection, and bases all its enactments upon it; and, consequently, we find that since the passing of the Act every epidemic of small-pox has had a greater area, and an increased number of victims.

The limited space I wish to claim will not allow me to enter fully into all the history of vaccination, but whilst evidence is being collected before a Committee it is highly desirable that the fact that you may have a local without a constitutional effect should be inquired into and investigated. The gradual increase of small-pox, and proportional decrease of protection, since the present Act was enforced, tend strongly to show that Dr. Jenner was right; and if we are to have the full benefit of his discovery, we ought not to be unmindful of the liability to failure which he clearly pointed out.

It is not necessary for me to remind the profession that there are means by which it can be distinctly ascertained whether the affection is merely local, or whether the constitution has also been affected. This, my own experience has clearly shown, can never be done by inspection alone; and yet this is all the law requires. I have long since come to the conclusion that it is the Vaccination Act itself which is the cause of the increase of small-pox.

It is faulty in other respects. It makes no observance of when the lymph is to be obtained, &c. The mere number of the vesicles, the mode of operating, &c., are all, to my mind, of very little importance when compared with the knowledge of the fact that you may have a local without a constitutional effect, and that the appearances of the vesicle are the same in both.

Three parts of a century ago there was the same agitation as now in the mind of the public in reference to this very question; and had not some members of the profession at that time sought to discover the means by which this quicksand, pointed out by Dr. Jenner, could be avoided, we might have lost altogether the benefit of vaccination. Amongst the most prominent was Dr. Boyce, and his simple test applied at the time of primary vaccination is capable of distinctly proving whether it has been local or whether it has been constitutional; and had this mode of performing vaccination been enforced by the Vaccination Act we should by this time have had small-pox a thing of the past, because, as Dr. Boyce says, "it has been ascertained beyond a doubt, and promulgated on the authority of the first medical men in the world, that when the human constitution has undergone the specific action excited by the virus of cow-pox the person is afterwards secure against all future attacks from small-pox."

I am, Sir, your obedient servant,

Grange-over-Sands, March 7th, 1871. AMOS BEARDSLEY.

TREATMENT OF GONORRHŒA AND GLEET.

To the Editor of THE LANCET.

SIR,—In your issue of Dec. 3rd, 1870, I find a brief notice of the use of permanganate of potash as an injection in the treatment of gonorrhœa and gleet. Having been in the habit of using this remedy for the cure of the above-named diseases for several years in the U. S. army, I hope that my observations on its usefulness will not be altogether without interest for you and the profession in general. In the U. S. army, where we cannot complain of want of cases, as Dr. T. Warden, R.N., does, to the honour of the British service, I commonly employed a solution of the salt not exceeding two grains of the permanganate to the fluid ounce of distilled water, to be injected three times daily. Internally I was in the habit of giving an emulsion of copaiba, half a fluid drachm of the balsam thrice daily. Generally speaking, I found that the disease was much quicker subdued by this than by any other treatment, although I had no case on my record of so short duration as Dr. Warden reports, which probably was owing to the weakness of the solution employed by me. After reading Dr. Warden's statement in your journal, I had occasion in two cases to try a stronger injection, and I must confess that I was surprised by the extraordinary success of this remedy.

The first case, a negro, had been suffering from gonorrhœa for upwards of fourteen days. He had been taking capsules of copaiba and other popular remedies without success. I gave him a solution of permanganate of the strength of four grains to the fluid ounce, accompanied by an emulsion of copaiba. He remained under this treatment for three days. I dismissed him perfectly cured on the morning of the fourth day. Had no relapse since (one month and a half after cure).

The second case, one of chronic gleet, occurred in a white man, a labourer in a malt-house. Had been under the treatment of several physicians, the disease being seemingly subdued, but returning whenever he exposed himself to cold. I gave the following remedies:—As an injection four times a day: ten grains of permanganate of potash to two fluid ounces of distilled water. And a teaspoonful of the subjoined mixture thrice a day: copaiba, one fluid ounce; spirit of nitric ether and compound spirit of lavender, of each half a fluid ounce. After using these remedies for five days I discovered not the slightest sign of the disease remaining, and discharged him from treatment. Has had no relapse yet, fifteen days after cure.

In the latter case the injection first caused a slight irritation, which, however, did not last long, and was well borne after the second day.

Hoping that you will kindly excuse my liberty in occupying so much of your precious space,

I am, Sir, your obedient servant,

Baltimore, Maryland, Jan. 20th, 1871. H. VON VERSEN.

NEW MODE OF DELIVERING IN ARM PRESENTATIONS.

To the Editor of THE LANCET.

SIR,—The interesting case by Dr. Tucker, recorded in THE LANCET of Feb. 18th, brings to my recollection a similar case which occurred in my practice many years ago, but which was somewhat differently treated. The following are the particulars.

Mrs. R——, about thirty years of age, was in labour with her fourth child. She had a contracted pelvis, and I had on two occasions delivered her by forceps, and on one by embryotomy. On this occasion the arm presented, the water was evacuated, and she had been many hours in labour before I saw her. I made several attempts to turn, but it was quite impossible, the child lying across the uterus rigid and immovable. I could lay hold of the inferior extremities, but no force could move it. Seeing no prospect of delivering by turning, and the patient becoming a little exhausted, I determined to deliver by cutting instruments. I used a pair of strong scissors. I introduced the point of the scissors through one of the intercostal spaces, and clipped along the space to the spine, and with the scissors cut through the spine. I then introduced my hand, seized hold of the feet, turned the child with the greatest ease, and delivered the patient. She had a good recovery.

The plan I adopted is, I think, much superior to the ordinary one of disembowelling the child, and extracting it doubled, or tearing it out piecemeal. When the spine was cut, it seemed to act like a hinge.

I am, Sir, your obedient servant,

J. C. ORCHARD, L.R.C.S. ED.

Kingussie, Inverness-shire, Feb. 1871.

CAN THE DEAD CONVEY INFECTION?

To the Editor of THE LANCET.

SIR,—You have had positive examples of the communication of the contagion of typhus and small-pox by contact with the dead. Allow me to add one of enteric fever, the contagious character of which is much less marked. In the great epidemic of 1846 a girl, aged fifteen, was seized whilst paying a visit to an infected district in the town of Leicester, and immediately removed home to a farm-house in Leicester Forest, at least half a mile from any other residence. The girl died, and the carpenter from the next village was employed to make the coffin. He was seized with sickness at the time of removing the body, and died of enteric fever. His wife also suffered, and had a narrow escape.—I am, Sir, your obedient servant,

J. H. STALLARD, M.B. Lond.

King's-road, W.C., March, 1871.

To the Editor of THE LANCET.

SIR,—My object in writing to you is not to furnish you with a fresh case of infectious disease arising in the person of one who had recently been in contact with an infected body, but to point out how weak is the evidence offered by such cases when occurring in private houses; since the individuals who expose themselves to the influence of the corpse are at the same time exposed to the influence of an atmosphere corrupted by the body during life. On the other hand, Dr. Wilks's evidence, though negative, is strong; for it extends over a long period, and the room in which it is gathered is so far removed from the wards as to be free from their bias.

I am, Sir, your obedient servant,

Hesketh-crescent, Torquay, March 4th, 1871. R. C. LUCAS.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

SMALL-POX AND REVACCINATION.

A CIRCULAR has been issued by the Poor-law Commissioners of Ireland to each union, in reference to the subject of revaccination. They regret to state that, since their previous communication to the guardians, small-pox has been making progress in the country, and has now become epidemic in the Drogheda as well as the Belfast Union, outbreaks having been witnessed at Tuam, Clonakilty, Wexford, and Limerick; while sporadic cases have occurred in Dublin. Two vessels bound from Liverpool have been forced to put into Cork with small-pox on board; and new cases are reported almost daily as arriving from Great Britain. The Commissioners do not, however, apprehend any very serious spread of the disease in Ireland. As regards the fee for revaccination, the dispensary medical officers are informed that the payment allowed for each case of primary successful vaccination is payable for a case of revaccination, even should no effect be exhibited.

To meet the possible outbreak of small-pox in Dublin, the committee of the Cork-street Fever Hospital have opened a special ward for the reception of patients suffering from the disease. There is, at present, but one case under treatment in this hospital.

Four fresh cases of small-pox have occurred in Queenstown, having been landed last Monday from the ship *Peruvian Congress*, bound to Bombay from Liverpool. They have been conveyed to the Queenstown Hospital, the committee at a late meeting having decided to admit such cases, although not compelled by law to do so. This resolution of the committee has caused great annoyance to the inhabitants of Queenstown, who have had two meetings to protest against the proceeding.

POOR-LAW MEDICAL INSPECTORSHIP.

This important post, vacant by the death of Dr. John Hill, has been conferred by the Government on Dr. Thomas H. Burke, dispensary officer of the Islandeady district, county Mayo. It is satisfactory to find that the claims of the Poor-law medical officers of Ireland have not been ignored in this instance, and that one of a hard-worked and badly-remunerated class of gentlemen has been selected by the executive to fill a situation for which he is specially qualified by previous training. The emoluments of the appointment are worth about £800 a year.

PECULIAR CASE OF SCARLATINA.

At a meeting of the Pathological Society of Dublin, held on the 4th inst., Dr. Henry Kennedy exhibited an entire clavicle which had come away from a child, aged three, attacked with scarlatina. It seems an abscess had formed in the lower part of the neck on the left side, and, as a consequence, the clavicle of that side was entirely removed. This case is, I believe, unique, as a similar termination, to my knowledge, has never been recorded. It may be mentioned that the child recovered, and is now in tolerably good health.

ROYAL DUBLIN SOCIETY.

At a meeting of this Society held on the 2nd inst., it was resolved: "That the Royal Dublin Society, considering the serious injuries which appear to have been sustained by the valuable scientific collections, and especially the botanical collections, of the Jardin des Plantes at Paris, through the late bombardment, request the Council to consider whether any and what assistance can be afforded by the Society towards making good these losses."

Dublin, March 7th, 1871.

Obituary.

CAMPBELL MACKINNON, M.D., C.B.

ON Saturday, the 4th inst., was announced the death of this highly distinguished medical officer, for upwards of thirty years engaged in the service of the East India Company. Dr. Mackinnon was educated at the University of Glasgow, and graduated as Doctor of Medicine in 1829. Few of his surviving fellow-students can fail to recall with regretful fondness, the example of energy, self-devotion, and versatile ability which he displayed at the classes, and more particularly in his capacity as one of the clinical assistants to the Royal Infirmary. Shortly after graduation he went out to India, the scene of his future labours, and rendered such signal service, over many years, to the European brigades of Bengal Horse Artillery as to receive the special recognition, not only of his commanding officers, but of the Medical Board. His zeal, his energy, and his success, conspicuous throughout the Affghan and Sikh wars, culminated at the siege of Delhi, where he had the entire control of the medical department. Five medals were bestowed upon him, and after the suppression of the Sepoy mutiny he was invested with the Order of the Bath, and appointed Honorary Physician to her Majesty Queen Victoria. His exertions during that tremendous crisis, especially during the siege of Delhi, when he knew but little rest, and was incessantly exposed to the baleful climate, told disastrously on his health, which, up to the time of his decease, was never thoroughly re-established. But even if his career of professional activity had been prolonged, it could scarcely have added much to the reputation he had already acquired for the most fearless devotion to duty, the self-possession which kept always available his skill and his sagacity, the candour with which he never failed to acknowledge, and the courage with which he invariably exposed, abuses too prevalent in his department. He leaves behind him a widow (the daughter of Captain Henry D. Beatson) and an only son to lament a loss which is felt only less poignantly by a large circle of professional brethren and friends.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 2nd:—

Edmundson, Thomas Robert, Guy's Hospital.
Evans, Edward Beynon, Swansea.

The following gentlemen also on the same day passed their first professional examination:—

Dove, Harry, St. Bartholomew's Hospital.
Stone, Charles Henry Augustus, Guy's Hospital.

BRITISH MEDICAL SERVICE.—The following is a list of gentlemen who competed successfully for appointments as Assistant-Surgeons in this service at the competitive examination held at the London University on Feb. 20th:—

	Marks.		Marks.
Crombie, A.	2670	Charlton, W. J. ...	1765
Stuart, G. B.	2420	Martin, J. W.	1760
M'Cracken, I. A. ...	2130	Gabbett, P. R. D. ...	1740
Irving, L. A.	2120	Joynt, E. H.	1735
{ Beamish, I. M.... ...	2105	Saunders, W. E. ...	1725
{ Clery, I. A.	2105	Palmer, C. De M. ...	1710
Coats, L.	2035	{ Anthonisz, A. H. ...	1670
Cruickshank, R. B. ...	1960	{ Finlay, W.	1670
Molloy, O.	1930	White, W. L.	1655
Fawcett, W. J.	1910	Exham, R.	1615
William son, J. G. ...	1895	O'Connell, M. D. ...	1605
Leckie, D.	1855	Sullivan, W. P. ...	1600
Joynt, H. W.	1850	Harman, B.	1580
Moylan, W. J.	1840	{ Ruxton, I.	1570
Leake, G. D. N. ...	1835	{ Wilson, I. B.	1570
Tobin, W.	1825	Ward, E. C. B.	1485
M'Namara, J.	1815	Dickson, I. B.	1465
{ Bradford, H.	1795		
{ Robinson, R. H. ...	1795		

THE Privy Council have awarded the sum of £39 10s. to Dr. William Pearse, the public vaccinator for the Westminster district, for his meritorious vaccinations.

TESTIMONIAL TO EMANUEL MAY, ESQ.—A large number of the ex-patients and friends of this excellent practitioner met in St. Paul's School, Park-lane, on Wednesday evening, to present him with a testimonial, on his leaving for the South of France. A beautiful clock under a glass shade, and a massive and elegant silver double inkstand, with taper in centre—amounting in value to £65—were then presented with a suitable address to Mr. May, who in reply, dwelt on the pleasure he had enjoyed in all his relations, professional and otherwise, with his *clientèle*.

MEDICAL SOCIETY OF LONDON.—The Society held its ninety-eighth annual meeting at Willis's Rooms, King-street, St. James's, on Wednesday, the 8th inst. The President, John Gay, Esq., F.R.C.S., was in the chair, supported on the right hand by the President of the Royal College of Surgeons, Sir William Fergusson, Bart., and on the left by the President-elect, Dr. Andrew Clark, F.R.C.P. The usual loyal toasts having been drunk, the "Medical Society" was given, in proposing which the President took occasion to express his great pleasure to congratulate the assembly upon its prosperous and flourishing condition, due, he most emphatically said, to the unanimity and good feeling which prevailed among them. He thanked the Fellows generally for the hearty support they had rendered him during his presidency. In responding to the toast of the "Examining Bodies," Sir William Fergusson congratulated the Society on arriving at so mature an age in these times of change, and in such a healthy condition. Among the visitors were the Presidents of the Hunterian Society, the Harveian Society, the Medico-Psychological Society, and the Pharmaceutical Society. Fellows to the number of sixty sat down to dinner. The following was the result of the ballot:—President: Dr. Andrew Clark. Vice-Presidents: Mr. Weeden Cooke, Dr. W. Cholmeley, Mr. Francis Mason, and Dr. Symes Thompson. Treasurer: Mr. Gay. Librarian: Dr. Day Goss. Secretaries in Ordinary: Dr. Thorowgood and Mr. Royes Bell. Secretary for Foreign Correspondence: Dr. Sansom. Orator: Mr. Gant.

BEQUESTS, DONATIONS, &c.—"N. C. K." has, for the third time, given £1000 to the Asylum for Idiots, Earlswood. "D. G." has made a third donation of £1000 to the Royal Free Hospital. "A Lady" has given £1000 (in lieu of a legacy of that amount), to the Birmingham and Midland Free Hospital for Sick Children. John Thomas Bennett, Esq., of St. Albans, bequeathed to the Fever Hospital, Consumption Hospital, Cancer Hospital, and Royal Sea Bathing Infirmary, Margate, each £1000; and smaller amounts to several other hospitals. "F. S. E." has made a second donation of £1000 to the Lock Hospital. "M. W. O." has made a second donation of £1000 to King's College Hospital. "W. L. H." has given £1000 to the West London Hospital. The General Hospital, Birmingham, has become entitled to £500 under the will of Mr. Thomas Biddle, of Fillongley. Captain W. B. Phillimore has paid to the secretary of the National Hospital for Consumption, Ventnor, a donation of £250; and an anonymous donation of £100 has been forwarded to Dr. Hassall for "The Chapel Building Fund."

Medical Appointments.

BROOKHOUSE, J. O., M.D., F.R.C.S.E., has been appointed an Hon. Consulting Surgeon to the Nottingham Dispensary.

BULLOCK, J. L., M.R.C.S.E., has been appointed Resident Medical Officer to the East London Hospital for Children, vice W. Leonard, resigned.

BUTLER, T. M., M.R.C.S.E., Assistant Medical Officer to the Royal Surrey County Hospital, Guildford, has been appointed Medical Officer, vice H. Eager, M.R.C.S.E., resigned.

CLARKE, S. E., M.R.C.S.E., has been appointed Medical Officer for the St. Martin-in-the-Fields District of the Strand Union, vice J. Leonard, M.R.C.S.E., resigned.

COLES, Mr. G. C., has been appointed Assistant-Surgeon to the Royal South London Ophthalmic Hospital.

FYFFE, D., M.D., M.R.C.S.E., one of the Surgeons to the Royal Infirmary, Aberdeen, has been appointed Lecturer on Clinical Surgery in the University of Aberdeen, vice W. Keith, M.D., M.R.C.S.E., deceased.

HEADRUTT, D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for District No. 4 of the Bellingham Union, Northumberland.

HIME, Dr., has been elected Surgeon-Accoucheur to the Sheffield Public Hospital and Dispensary, vice J. H. Waterhouse, M.D., M.R.C.S.E., resigned.

HODSON, C. F., M.R.C.S.E., has been appointed Surgeon to the Bishops-Stortford Diocesan Training College, vice E. T. Searr, M.R.C.S.E., deceased.

HOLMAN, R. C., M.R.C.S.E., has been appointed House-Surgeon to the Queen Adelaide Dispensary, Bethnal-green-road, vice Walter Greene, M.R.C.S.E., resigned.

LEWIS, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Paisley Infirmary and Dispensary, vice A. Weir, M.B., C.M., deceased.

OGDEN, C., L.R.C.P.Ed., has been appointed Medical Officer for the Butterworth District of the Rochdale Union, vice N. Buckley, M.D., deceased.

PLATT, W. H., L.R.C.P., &c., has been appointed Surgeon to the 6th Tower Hamlets Volunteer Corps.

ROBERTSON, W. T., M.D., M.R.C.P.I., has been appointed Hon. Physician to the Nottingham Dispensary.

RUTTER, J., M.D., has been appointed a Consulting Medical Officer to the Brighton and Hove Provident Dispensary, vice T. B. Phillips, M.D., L.R.C.P.Ed., deceased.

SAUNDERS, H. W., M.R.C.S.E., has been appointed House-Surgeon to the Bristol General Hospital, vice N. C. Dobson, F.R.C.S.E., resigned.

SMITH, Dr. H., has been appointed a Physician to the Hospital for Women, Soho-square, vice H. J. Sanderson, M.D., M.R.C.P.I., resigned.

STANGER, G. E., M.R.C.S.E., has been appointed an Hon. Consulting Surgeon to the Nottingham Dispensary.

STANGER, W., F.R.C.S.E., has been appointed Medical Officer for District No. 2 of the North Witchford Union, Cambridgeshire, vice E. S. Wright, M.R.C.S.E., deceased.

THOMPSON, J., jun., L.R.C.P.L., M.R.C.S.E., has been appointed an Hon. Consulting Surgeon to the Nottingham Dispensary.

THOSP, Dr., has been appointed a District Surgeon to the Royal South London Dispensary, St. George's-cross, vice M. Cuppin, M.R.C.S.E., resigned on account of illness.

TRUMAN, E. B., M.D., M.R.C.S.E., has been appointed an Hon. Consulting Surgeon to the Nottingham Dispensary.

UPTON, H. C., L.R.C.P.L., M.R.C.S.E., has been appointed Surgeon for the Cliftonville District of the Brighton and Hove Provident Dispensary, vice J. Dixon, M.R.C.S.E., resigned.

WAGSTAFFE, W. W., B.A., M.B., F.R.C.S., has been appointed Resident Assistant-Surgeon to St. Thomas's Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BRUNJES.—On the 7th inst., at Brook-street, Grosvenor-square, the wife of Martin Brunjes, M.R.C.S.E., of a daughter.

PONSON.—On the 2nd inst., at Scarcroft, Leeds, the wife of Wm. Pegson, M.R.C.S.E., of a daughter.

RATTRAY.—On the 3rd inst., at Brighton-place, Portobello, near Edinburgh, the wife of Andrew M. T. Rattray, M.D., of a son.

RIDGE.—On the 4th inst., at Grafton-square, Clapham, the wife of J. J. Ridge, M.D., of a son.

ROBINSON.—On the 1st inst., at Soutergate, Ulverstone, the wife of James Robinson, L.R.C.P.Ed., L.R.C.S.Ed., of a son.

MARRIAGES.

BROWNE—DALL.—On the 8th inst., at North Berwick, Dr. Thos. Browne, R.N., H.M.'s Ship "Excellent," to Agnes Robertson, second daughter of the late James Dall, J.P., of North Berwick, East Lothian.

SIMPSON—ARCHIBALD.—On the 1st inst., at Stirling, James Simpson, L.R.C.P.Ed., L.R.C.S.Ed., of Bonnington, North Leith, to Margaret, daughter of the late William Archibald, Esq.

DEATHS.

BANNISTER.—On the 20th ult., at Addison-terrace, Notting-hill, W., Percy, the beloved and only son of A. J. Bannister, M.D.

BLADES.—On the 23rd ult., Thos. Blades, L.R.C.P.Ed., L.F.P. & S. Glas., of Shap, Westmoreland, aged 29.

CANHAM.—On the 28th ult., in London, Joseph Canham, M.D., of St. Lawrence, Ramsgate, J.P. for Kent and the Cinque Ports.

HAINS.—On the 4th inst., at Portsmouth, of acute phthisis, Frederick A. P. Hains, M.D., M.R.C.S.E., R.N., Assistant-Surgeon of H.M.'s Ship "Excellent," aged 29.

SANKEY.—On the 2nd inst., at Malvern Wells, Dr. F. F. Sankey, R.N., late of Malta, aged 80.

WATERFIELD.—On the 6th inst., Thos. Waterfield, M.D., F.R.C.P., of South-street, Thurloe-square, aged 81.

Notes, Short Comments, and Answers to Correspondents.

QUININE AS A REMEDY FOR SUNSTROKE.

IN an annotation in THE LANCET of Jan. 14th, 1871, we called attention to the influence which quinine was said to exert in reducing the temperature in fever, and we referred to this fact in connexion with a suggestion that had been made in India for the administration of quinine internally and hypodermically in cases of insolation. It appears that the proposal to use quinine by these methods under such circumstances originated with MR. Walter Kerr Waller, Fellow of the University of Calcutta, who contributed a paper on the subject to the *Indian Medical Gazette* in July, 1869, in which he gave a table of 31 cases of sunstroke treated by him from 1856 to the date of publication, together with one treated by Dr. Hall, of the Royal Artillery, at MR. Waller's recommendation. MR. Waller, in a communication to us, very properly claims whatever credit may belong to the suggestion; and he adds that he is, in like manner, indebted to Dr. Frank Innes, C.B., Surgeon Mitchell, and Assistant-Surgeon O'Sullivan, of the Queen's service, to Dr. Daly, Garrison Surgeon at Fort William, and many others, for having adopted and put his views into practice, with successful results to their patients. MR. Waller alleges that, as the statement of facts in his paper is beyond dispute, he deems the matter one worthy of attention, and he bids "anyone who has a case of sunstroke to give quinine freely, with the confident assurance that a success unparalleled in the history of the disease from any other mode of treatment will be the result."

Medical Students.—No legislative measure would be retrospective in character, and our correspondents would not, therefore, be affected by it.

THE POWER OF REVACCINATION.

To the Editor of THE LANCET.

SIR,—I think the following facts, which have just transpired, are worth recording at the present time as an example of the power of revaccination.

I was called to see one of three barmaids, living at a public-house in Westminster, who having been feverish, and complaining of backache and general pains, presented an eruption of fine pimples thickly scattered over the whole body, the face especially. The patient was immediately taken home, and then removed to a Small-pox Hospital, where the case rapidly assumed all the features of confluent small-pox of the worst kind. I immediately vaccinated the two other barmaids (sisters). Their arms presented slight marks of original vaccination in childhood. The vaccine in each case produced pocks as perfect as in a baby's primary vaccination, and each vesicle was filled with pure transparent lymph. Two days afterwards I was called to one of the sisters, who was suffering from feverish indisposition, with a sense of chilliness, and pains in the limbs and back. She was sent to bed, and on the following day an eruption of fine circular pustules began to appear on the face, few and far between, showing themselves also on the scalp—having, in short, the characteristics of chicken- or mild small-pox. With the advent of eruption the patient improved, and passed through the mildest form of the affection in the most favourable manner. Her sister complained of similar preliminary symptoms, but in a very slight degree, and these passed away without any subsequent eruption.

It appeared that prior to the attack of small-pox in the first case, a man, recently recovered from the disease, came into the bar where the three young women served, and remained there for a considerable time. Is it not fair then to infer—first, that these three girls were probably infected from the same source at the same time, the disease in the first case developing immediately; secondly, that the completeness of vaccination, although it did not utterly extinguish the power of the virus in the second case, reduced it to a harmless condition, while in the third case the disturbance amounted to the merest febricula? The facts here presented in a small compass appear to be so demonstrative that this is my reason for soliciting insertion.

I would add a few words on the mode of vaccinating. Having tried each method, I am now convinced that the following is the most efficient:—Arm the point of the lancet with the lymph, and prick the skin with it superficially (so that nothing more than a sense of the slightest pricking is felt), making a little disc of about the one-eighth of an inch in diameter, or even less. This slight pricking just reddens the surface with an ooze of blood; but the latter never flows, as in puncturing, when the lancet or vaccine point is withdrawn. Hence the greater certainty of absorption. Of course the process is a little less rapid than the plan of puncture; but I have been surprised at the large proportion of cases in which, with this method, and in spite of good original marks, I have obtained perfect vaccine vesicles. In vaccinating children for the first time, this mode may, I think, be pronounced infallible. Yours, &c.,

W. UNDERWOOD WHITNEY, M.R.C.S.

Great College-street, Westminster, Feb. 16th, 1871.

Indoctus.—It is quite possible, supposing the lesion to be really syphilitic, that infection may have resulted; but the probabilities, we may hope, are against this having been the case. With regard to the last question, we could not venture to express an opinion without further and more precise details.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—As your attention will, no doubt, have been called to a paragraph in the Auckland papers relative to an operation performed by me, I beg to state that it was inserted without my knowledge or sanction; and, further, the statement is incorrect, as unfortunately the man died on the fifth day.

Your obedient servant,

Crook, March 7th, 1871. ALEX. MACKAY, M.B.

Mr. Alfred Ginders, (Normanton.)—The fee is certainly inadequate, and our correspondent was probably right in declining the proffered situation. But the scheme of Government Life Assurance is so commendable, as enabling the working classes to provide for their wives and children, that it would be a pity to see it shipwrecked because the Treasury cannot afford to pay a guinea fee for examinations. Doubtless the sums assured would be small, and the payments equally so; but every farthing withheld for such an object from the public-house would be a great gain to the withholder's family and the community at large. Such being the case, we would ask our correspondent if the scheme does not belong to a class of which the public utility is so great that members of our own or indeed of every profession may be expected to co-operate in its working by accepting smaller fees for professional duty than could otherwise be counted adequate?

Querist.—The conundrum is, we believe, as follows:—Which is the most warlike nation? Vaccination; because it is always in arms!

MEDICAL RELIEF IN BIRMINGHAM AND WOLVERHAMPTON.

To the Editor of THE LANCET.

SIR,—Two years ago you published the copy of the memorial (signed by all the leading physicians and surgeons and most of the general practitioners of the parish of Birmingham) which had been sent to the President of the Poor-law Board, protesting against the course adopted by the guardians in reducing the number of district medical officers from eight (at which it had been fixed, with the sanction of the Poor-law Board, only two years before) to five, whereby the sick poor of a population of upwards of 45,000 persons (three times the number laid down in the general orders) had been assigned to each medical officer. This protest was shortly after followed up by Mr. Bromley Davenport asking Mr. Goschen in the House whether the Poor-law Board intended to sanction these proceedings. Subsequently the Poor-law Board wrote a remonstrance, couched in the mildest language, in which they called the attention of the guardians to the disparity which existed between the arrangements they had made for medical relief when contrasted with certain other large towns, which were quoted. In the reply of the guardians, a series of statistics were brought forward, which apparently went to show that the duties required were not in excess of the power of the five medical officers adequately to perform. With this answer the Poor-law Board appeared to be satisfied; for no steps were taken for several months after to again raise the question.

In the early part of last session Mr. Bromley Davenport moved for the production of all the correspondence that had passed between the guardians and the Poor-law Board from the date of the increase from six to eight, four years ago, to that time. This correspondence has been presented, and commented on by you.

The guardians, it would appear, have since that time come to the resolution not to comply with the very mild alternative suggestions of the Poor-law Board, of either increasing the number of the medical officers, or establishing a dispensary, but to continue their present arrangements; and, with the object of showing how admirably their system of *diminishing* the *facilities* for sick poor relief has worked in Birmingham, have again forwarded further statistics, the mendacity or otherwise of which the Poor-law Board have taken no steps to ascertain by any open official inquiry into the mode in which medical relief is really administered in that parish. Indeed it would appear that they are content to drop the subject; for the guardians have just advertised the five appointments, which they declare will become vacant on the 25th inst., and which from that time are, it seems, to be held *en permanence*.

In passing in review the proceedings which have taken place during the last two years, I cannot tell which is the more worthy of public censure—this Local Board, or the Central Board.

In contrast with the action of the Birmingham guardians, let me cite the proceedings of the Wolverhampton Board, as given in the *Birmingham Gazette* of the 25th ult., from whence it appears that the Committee appointed on the 21st January to consider the question of out-door medical relief, brought up their report, to the effect that, having made inquiries into the working of the dispensary system in Leeds, Liverpool, Toxteth Park, parts of London, in Ireland, &c., they propose that the experiment of establishing a central dispensary in the township of Wolverhampton shall be first tried. I regret that the Committee recommend, as a preliminary to its adoption, the dismissal of two out of the four district medical officers. It would have been better, in my opinion, if they had retained the services of the whole number; and it is to be hoped that, as the guardians have adopted the report, they will see the injustice they have been guilty of. Still the fact exists that, as the population at the last census was only 40,989 for the whole township, opposition on the ground of excessive work appears difficult of justification, seeing how closely this total touches the population of each medical officer's district in Birmingham, where the labour of dispensing medicines is superadded to other duties.

In conclusion, let me commend to the notice of those permanent obstructives of Gwydyr House who were responsible for concocting the fallacious statistics in the last annual Report, the following extract from the report of the Committee of Guardians of Wolverhampton:—"The Committee are of opinion that the increase in expenditure on the dispensary, &c., would be more than made up by the saving in the cost of out-door relief, consequent upon the sick cases being sooner cured and removed from the out-door relief list, than they are under the present system."

I am, Sir, yours obediently,

Dean-street, March 1st, 1871. JOSEPH ROGERS.

CAN THE DEAD CONVEY INFECTION?

THE *Milk Journal* observes that the flesh of cattle that have died of rinderpest conveys infection. A dressed carcase shipped from Rotterdam to Windsor communicated the Steppe murrain to a healthy district. A man whose greed induced him to disinter in the Romagna a bullock which had died of malignant anthrax, allowed the juice to run down his back. Erysipelas and putrid fever ensued, and death in three days.

Mr. Claremont.—Inquiries shall be made respecting the institution, and our correspondent's communication shall be noticed next week.

THE ALLOA HOSPITAL.

It actually appears that the operation of lithotomy has been successfully performed in the above hospital by Dr. Brotherston, in the presence of Dr. Gillespie (President of the Royal College of Surgeons, Edinburgh) and various other gentlemen. We should not have noticed the fact, but that it is the subject of a most glowing paragraph in the *Alloa Advertiser*, from which we must infer that successful surgery in Alloa is so rare that, when performed, it must be noted, even at the risk of bringing a charge of breach of taste against some friend of the gentleman who used "the skilfully handled knife, which was soon at the seat of the disease." By anticipation we acquit Dr. Brotherston of any part or knowledge of the authorship of this paragraph, and he will, doubtless, take precautions to save himself from injudicious and undignified praise.

Another Public Vaccinator.—The regulations were issued some few weeks ago, and may be had of the Medical Department of the Privy Council.

CASTOR-OIL SOAP.

To the Editor of THE LANCET.

SIR,—It is somewhat remarkable that our present English pharmacy possesses no pure medicinal soap possessing any characteristic property or medicinal activity. The ordinary Castile soap, being that which is commonly used for that ordered in the Pharmacopœia, can scarcely be considered a satisfactory article, when we consider its composition and the mode of its manufacture.

Having recently had occasion to direct my attention to this subject, it occurred to me that castor oil offered some advantages, and would yield a soap possessing qualities very desirable in an article so frequently used as a medicine, or an adjunct to other active remedies. On putting this idea into practice, I found that a soap prepared from this oil has rather marked qualities; but my opportunities do not afford me the means of properly testing its medicinal properties. I believe it will be found to have a gentle aperient effect when given in consecutive doses; but I believe its chief value will be found as an adjunct to other cathartics. This, at least, is the result I have arrived at.

It is, of course, well known that the purgative principle of castor oil has been ascribed by Soubeiran to the existence of a supposed oleo-resin, and that the ricinoleic acid is extremely acrid. I find when the oil is saponified that this acrid principle is liberated, and does not remain masked, as it is in the oil in the natural state, nor neutralised, as might be expected, by the alkali. It is to this fact, I think, we must look for any active property the soap may possess, and here I must leave the matter for the farther investigation of the medical and pharmaceutical professions. The physical qualities of the soap are in its favour for use in medicine. It has a clean, yellowish-white colour, free from smell; it soon becomes dry, hard, and easily powdered; it has no tendency to soften or deliquesce on exposure to the air. In proof spirit it makes a perfectly clear and colourless solution, with only a little deposit, and therefore well adapted for linimentum saponis.

Yours obediently,
F. M. RIMMINGTON,
Bradford, Feb. 15th, 1871. Pharmaceutical Chemist.

Mr. R. H. Williams.—There is a positive absence of anything to publish in our correspondent's letter. He has entirely misunderstood us if he thinks that we said that in the cases of children born with small-pox the mothers had been recently vaccinated. If he can supply us with any fact against the practice he condemns, we shall gladly publish it. If there are no facts, it is a pity to be made unhappy by a certain view of vaccination.

THE SOUTH-WESTERN PROVIDENT DISPENSARY.

To the Editor of THE LANCET.

SIR,—The medical world looks up to THE LANCET as its advocate and champion, and thirty-five years' experience has taught me to respect it for the impartial and truthful manner in which it has been conducted. All at once I find myself prominently set forth in its pages as doing what I did not do, or ought not to have done. I did not complain, as I had a right to do, of the way in which you published my name; but I tried to set you right, and you again reply in your editorial note this week that I labour under a "complete misapprehension," which you will pardon me if I say is equally unfounded in fact. I repeat the statement, the South-Western Provident Dispensary *is the dispensary for the parish pauper patients of the district*, for evidence of which I see five poor people standing this moment at the door with their bottles, and you will find evidence of the fact in the *printed* report of the institution for 1869.

I cannot help thinking the good old motto of THE LANCET, "Audi alteram partem," would have been well observed in the present instance.

Your obedient servant,
Charlwood-street, S.W., March 8th, 1871. G. BURTON PAYNE, M.D.

L.R.C.P., (Royal Engineers.)—We have not been in the habit of making such announcements, and it would scarcely be advisable to do so in the case of an individual.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—Will you allow me space in your columns to correct an error which has accidentally occurred in Mr. Heather Bigg's "Report on Mechanical Appliances," &c., contained in the new volume (1870) of my "Reports on the Progress of Practical and Scientific Medicine in different parts of the World." It is there stated, under the head of "Æsthesiometer," that the "original idea" of the instrument was due "to Dr. Wm. Ogle." This should have been "*to Dr. Siesking.*" "Original ideas" of value are too scarce in the present day for anyone to afford to be deprived of the just title to their authorship, and I am anxious at once to correct this mistake.

I am, Sir, your obedient servant,
HORACE DOBELL, M.D.
Harley-street, Cavendish-square, March 4th, 1871.

THE MURPHY ANNUITY FUND.

WE are glad to be able to announce that the project for securing an annuity to Dr. Edward Murphy for the remainder of his life has been warmly espoused by leading members of the profession, as the following first list of subscribers will at once show:—

Sir Thomas Watson, Bart.	Dr. Lawson Cape.
Sir William Jenner, Bart.	V. de Méric, Esq.
Dr. Arthur Farre.	George Bishop, Esq.
Sir J. Ranald Martin, C.B., F.R.S.	Dr. Oldham.
J. E. Erichsen, Esq.	Barnard Holt, Esq.
Sir William Fergusson, Bart.	Dr. Radcliffe (Cav. Sq.)
Sir Henry Thompson.	William F. Teevan, Esq.
Dr. Russell Reynolds.	Dr. W. F. Routh.
Erasmus Wilson, Esq., F.R.S.	Dr. Greenhalgh.
Burford Norman, Esq.	John Marshall, Esq., F.R.S.
William Adams, Esq.	Dr. C. J. B. Williams.
J. T. Clover, Esq.	Dr. Gream.
W. Squire, Esq.	George Critchett, Esq.
Dr. Little.	Dr. Andrew Clark.
Dr. Grailly Hewitt.	Dr. Ridge.
Henry Smith, Esq.	Oscar Clayton, Esq.
Campbell De Morgan, Esq., F.R.S.	Dr. Wadham.
Prescott Hewett, Esq.	Dr. Wane.

Communications may be addressed to Dr. Tilbury Fox, the Honorary Secretary of the Fund *pro tem.*

M. S. L.—There is such an institution at Lower Clapton, another at Margate, and there are many others. Our correspondent should apply for information to the Secretaries.

SCIENTIFIC THERAPEUTICS.

To the Editor of THE LANCET.

SIR,—As the lecture on "Scientific Therapeutics" by Dr. Samuel Wilks has been published in your columns, I hope I shall not seem too presumptuous in asking a few questions as to some of the points touched on in it.

Till now my impression had always been that treating the symptoms meant an attempt, not to cure the disease, but to alleviate some of the most distressing results of it in cases where it was either incurable or unknown. Does Dr. Wilks mean that all those who do not agree with him in thinking the safest and best plan of practising medicine is an empirical one treat the symptoms in the hopes of effecting a cure? Do they not rather judge of morbid states by the symptoms, and, by such means as theory and practice point out as most useful for that state, try to aid nature in restoring things to their original condition? I venture to think that the number of practitioners of the present day who would treat an intestinal inflammation, of the nature of the case cited by Dr. Wilks, by drastic purgatives, and the other remedies, or rather poisons, mentioned, is very, very small; and, in like manner, that anyone who would treat a case of paraplegia without first making a careful inquiry into the history of the case, is not a fair specimen of a well-educated theorist. The number of instances brought forward of unfortunate treatment would, I imagine, not be without parallel in the annals of empirical practice.

Yours truly,
March, 1871. AN INEXPERIENCED THEORIST.

PARLIAMENTARY PETITIONS.

For good, strong, dogmatic assertion it would be difficult to match some of the petitions presented to Parliament. A document of this nature recently presented from Durham, for the repeal of the Vaccination Act, informs the Legislature, "That your petitioners have proof that vaccination causes a fearful amount of disease, suffering, and death." How can the Act stand after this?

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—The following "dodge" is new to me, and I thought it might interest your numerous readers. A few days since I received the subjoined request, printed, but signed by a patient.

"SIR,—Being desirous of effecting an assurance upon my life in the ——, I shall feel obliged if you unreservedly give such answers to the annexed questions as your knowledge of my present and general state of health and habits of life enables you to afford, affixing your signature thereto, and forwarding the same to the Secretary to the Association."

A stamp printed envelope was enclosed, to be returned.

I wrote, requesting to know what fee I might expect for information conveyed, but received no reply. Only two days afterwards my patient wrote to say he had had a communication from the Secretary relative to my letter, and that he again requested me to fill up the required form, and would be responsible for the fee. I filled up the forms, and enclosed them to him (there were two, one for his wife), declining a fee, and also to send them to the Secretary.

Yours, &c.,
March, 1871. M.D.

Medicus.—We apprehend that neither a Board of Guardians nor the Poor-law Board would recognise an unqualified assistant as a fit *locum tenens* to a Poor-law medical officer.

H. B. B., (Dublin.)—The affection seems to come within the category of skin diseases.

SMALL-POX AT STAINES.

To the Editor of THE LANCET.

SIR,—We have an outbreak of small-pox, which was first introduced by a young woman coming home from Westminster, and who died on Jan. 18th. Her mother had the disease lightly, and some of the family took it besides. But it spread from this case in the over-crowded district in which they lived. There have been 48 cases, including those now under treatment. We have had 7 deaths, 4 of which were unvaccinated, 2 doubtful, and 1 imperfectly vaccinated. The disease is confined to the town, and cases now under treatment are doing well.

Yours faithfully,
Staines, March 7th, 1871. ALBERT CURTIS, M.R.C.S.

Dr. Francis E. Clarke, (Oughterard, Galway.)—The subject broached by our correspondent is one of great importance, well worthy of the attention of the Legislature; but it is foreign to the scope of a Bill for the better regulation of the medical profession, and can only be dealt with by a separate enactment.

Benedictus.—Why should not measures similar to those taken for the suppression of indecent prints be adopted for such publications as our correspondent sends? Apply to the local magistrate.

Mr. W. J. Day would oblige us by sending a short abstract as a specimen.

SMALL-POX IN PREGNANT WOMEN.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent in last week's LANCET, requiring information as to pregnant women being infected with small-pox, I am in a position to say that I have met with several such cases in my practice during the last six or seven years. I remember three cases occurring between the fifth and seventh month of gestation. These were of the modified form, and at the time of labour great anxiety prevailed as to the child being marked, or having the eruption on the skin; but in neither case was there any sign of the small-pox existing. All did well, and were vaccinated at the usual time. In the year 1866 I attended a patient in her confinement on the eighth day, just as the disease was at its height. This was a case of confluent small-pox; but the patient did very well, and, like the others, there was not a mark of the disease upon the child at the time or afterwards. I vaccinated it at three months, and it did well.

Now, to show the necessity of vaccination, I was once asked by a patient to vaccinate her next door neighbour's child from hers, which was a fine healthy child. I did so, and on the third day was called to see the said child, an eruption appearing over the body, the vaccine pustules just commencing. This turned out to be a case of small-pox, and on inquiry I found there was already a case in the house, and it was supposed the mother, going up and down stairs to the water-butt, had communicated the disease. The first case was severe; but the child I had vaccinated had it much lighter, no doubt by the two diseases clashing. Had it not been vaccinated as it was, it might have contracted a more severe form of the disease; and had the mother not known where the lymph was taken from, I might have been accused of introducing bad matter, and the first case might not have been discovered as being in the house.

I vaccinated a patient last Thursday, who supposed herself about seven and a half months advanced; but was called upon on Sunday morning to attend her in her labour. From appearances I concluded it was a premature case of eight months, and at present there is not much advance of the vaccination.

Yours truly,
JAS. HADAWAY, L.R.C.P. Ed.

Welbeck-street, Cavendish-square, March, 1871.

To the Editor of THE LANCET.

SIR,—I propose to answer very briefly the queries propounded in your issue of Saturday last relative to revaccination and variola in pregnant women.

I have had two cases of small-pox in St. Luke's Infirmary, both being primapara. The first admitted was in the eighth month of pregnancy, and was suffering from the semi-confluent form of the disease. She made a good recovery, and left at the end of three weeks, undelivered, the child still being vigorous.

The second case was confluent, and in the ninth month of gestation. She was delivered last Sunday, the eighth day of the rash, of a fine healthy-looking boy, whom I had removed immediately from the small-pox wards, and vaccinated on the third day, no rash having then made its appearance. The mother is progressing most satisfactorily.

During this epidemic I have vaccinated twelve pregnant women; eight of these (varying from the fourth to the eighth month) have gone through the stages of vaccinia without any untoward symptom; the remaining four I have vaccinated this day. Two are in the ninth month, one in the eighth, and one in the fourth.

I trust on a future occasion to be able to give you fuller particulars of these and of other cases, and hope to be able to prove that the vaccination of the mother in the latter stages of pregnancy affords protection to the child for a limited period after birth.

Yours truly,
Old-street, E.C., March 8th, 1871. G. E. YARROW, M.D.

To the Editor of THE LANCET.

SIR,—I have recently revaccinated two pregnant ladies about the fifth month, without any appreciable mischief arising; and have revaccinated some six or seven, at various stages of pregnancy, within a few years, without any noteworthy deviation from the usual issues.—Yours, &c.,
E. HOLLAND, M.D. Lond.

Titchfield-terrace, Regent's-park, March, 1871.

Mr. G. Davies.—Our correspondent had better consult the Students' Number of THE LANCET. We concur in thinking that he cannot do better than pass the examining boards named by him.

Messrs. Hatton and Son (Chancery-lane) are informed that their request shall be attended to.

ARMY MEDICAL PROMOTION.

To the Editor of THE LANCET.

SIR,—In drawing attention in your last issue to the necessity of enforced retirement in the administrative ranks of the Army Medical Department after a limited tenure of office, you hit upon the present great stumbling-block to promotion. On turning to page 372 of Hart's Army List for 1871, you will perceive that three of the Inspectors-General and twelve of the Deputy Inspectors-General have been in office over six years; indeed six of the latter gentlemen have held their present appointments for more than eleven years each. With such passive obstruction at the head, the "healthy circulation" so much needed is simply impossible. This monopoly of the few departmental prizes is unknown in the Indian medical service, the regulations making them staff appointments, and therefore only tenable for five years.

Yours, &c.,
Medical Club, March, 1871. ONE OF 700 ASSISTANT-SURGEONS.

Omicron.—The law requires a certificate of vaccination to be given by a properly qualified medical practitioner. Clause 16 of the Act of 1867 says explicitly that the parent of every child born in England, or other person in charge of the child, "shall take it or cause it to be taken to the public vaccinator of the vaccination district in which it shall then be resident, according to the provisions of this or any other Act, to be vaccinated, or shall within such period as aforesaid cause it to be vaccinated by some medical practitioner." Boards of Guardians are the proper authorities to prosecute a parent not sending a legal certificate of the vaccination of his child.

A very Old Subscriber.—Cleanliness, vigilant scrubbing with soap and water; carbolic-acid soap to be preferred.

THE FIREMAN'S RESPIRATOR.

To the Editor of THE LANCET.

SIR,—In your last week's answers to correspondents you notice my invention, the fireman's mask respirator, made many years since. Nine years ago I registered an improved respirator at Whitehall-place, to enable anyone to breathe in safety at fires. A person with one of these life-preservers on could enter any room, however dense the smoke or vapour, and rescue from death those who were being suffocated. These respirators have been supplied to the following:—The City of London Fire Brigade; the Chief Officer of Police, Brighton; the Society for Preservation of Life from Fire; Holloway Fire Brigade; Peter M'Lagan, Esq., M.P.; Messrs. Shand and Mason, Blackfriars; &c. I was, therefore, rather surprised to read in the *Echo* newspaper of the 28th January last that a professor at the Royal Institution had invented a respirator for the same purpose as mine. This instrument has been used on various occasions, and always with success. The action of my respirator is by filtration of air and decomposition of the gases and vapours.

On a former occasion (that of bringing the sea-water into London) you kindly placed the saddle on the right horse, and I know from your past kindness to members of the profession that you will do so now.

Your obedient servant,
Balham, March, 1871. A. KING, M.B., &c.

J. C. B., (Hartlepool.)—If in medical cases a mere licentiate of a College of Surgeons can charge both for visits and medicines, *à fortiori* a graduate in medicine of a historical school, like the University of Aberdeen or of Edinburgh, is entitled to do so.

W. J. L., (Richmond.)—The first two books of Euclid's Elements, and the second book of Cæsar's Commentaries de Bello Gallico.

Mr. F. Quain is thanked for the Report.

Dr. R. Turner.—We regret that we cannot lay our hands on our correspondent's communication.

THE NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.

To the Editor of THE LANCET.

SIR,—Permit me to announce, through the medium of THE LANCET (which has so often been the means of bringing before the medical profession the progress of the National Hospital for Consumption, Ventnor), that the advantages which for the last eighteen months it has afforded to men patients will now be extended to women. The houses for their reception will be opened on the 21st inst., in commemoration of the marriage of H.R.H. the Princess Louise, by whom the foundation stone was laid on behalf of Her Most Gracious Majesty the Queen. Candidates being admitted, if eligible, in the order of their application, it is very desirable that their letters of recommendation should be forwarded to me at the London Office, 2, Adelphi-terrace, Strand, as early as possible, that the cases may be entered on the register for admission as vacancies occur.

I am, Sir, your obedient servant,
NEALE F. HORNE, Secretary.

Adelphi-terrace, Strand, March 7th, 1871.

W. C. W.—The question cannot be answered dogmatically. The answer would vary in regard to each case according to the nature and circumstances of it, the amount of eruption, and the use of cleansing and disinfecting measures to the patient and his clothes. The period at which small-pox patients are dismissed from the Small-pox Hospitals varies. At Hampstead, patients are kept about three weeks. At Highgate, we believe the period does not average more than ten days, which seems to us dangerously short.

Inquirer.—The holder of a foreign surgical degree is justified in the use of the title of the degree; but he would not have the legal status of a surgeon holding a British qualification.

EARLY MENSTRUATION.

To the Editor of THE LANCET.

SIR,—I believe the following to be of interest, not only from the fact of menstruation commencing at almost the earliest period of any case on record, but also on account of the early menstruation being hereditary.

L. J. M——, aged seven years, a fine healthy girl, well developed, and of ruddy complexion, has been under my care for the last year. Her mother states that she first noticed a discharge two weeks after birth, red in colour and small in quantity. This occurred sometimes every month, sometimes at intervals of two or three months, until the child was four years old. Since then the discharge has been quite regular, of good colour, and sufficient in quantity to soil one diaper. It is accompanied with pain in the back and loins, and enlargement of the breasts. On examination, nothing abnormal can be discovered about the genital organs.

Her mother first menstruated when nine years of age, and has been regular ever since. The mother's aunt when seven; she continued regular till the climacteric period.

Yours faithfully,
Gayton, King's Lynn, Norfolk, Feb. 27th, 1871. J. H. ASHTON.

Mr. Robert Henry never witnessed small-pox after vaccination. Either our correspondent is an unusually good vaccinator, or his experience is very exceptional. Mr. Marson reports that in the last six months, out of 751 cases admitted to the Small-pox Hospital, 618, or 82 per cent., were in vaccinated persons. Under these circumstances we entirely disagree with our correspondent, and recommend revaccination. This course seems so urgently necessary that we do not think it wise to publish anything that tends to discourage it.

Dr. J. R. Roberts.—Our correspondent should have a little more faith in a properly constituted Council doing what is just in the matter; but the point shall not be overlooked by us.

D. A., (Cambridge-terrace.)—We never prescribe.

VACCINATION.

To the Editor of THE LANCET.

SIR,—At the present time, when the scourge of small-pox is so general, and the duties of the public vaccinator increasingly called into requisition by the demand for revaccination, some compact and portable means of carrying the instruments and appliances for the purpose would seem a desideratum. Failing to discover anything of the kind at the instrument makers', I gave some suggestions to Mr. Hawksley, of Blenheim-street, New Bond-street, which he has admirably carried out in a little case that I have now before me. It contains in a very small compass a couple of different kinds of lancets, a glass-holder for uncharged vaccine tubes, four smaller holders for charged tubes of lymph from different sources; four holders for charged ivory points, and a little compartment for a glass slide or two, uncharged ivory points, &c. Altogether it is a very neat, portable, and compact little case, and will be found of great convenience to the vaccinator, by giving him his materials methodically disposed.—Yours very faithfully,

Ewell, Surrey, March 6th, 1871. GEO. R. BARNES.

Medicus.—The treatise of Brooke and Golding Bird may be consulted on general points. The works of Matteucci, Du Bois-Reymond, and the later German physio-electrologists should be referred to in special cases.

D. M. R.—We should prefer No. 2.

Mr. Frederick Symonds (Oxford) is thanked. The communication he promises will be gladly received.

H. H.—The newspaper account sent us of "the remarkably clever operation" is in very bad taste.

Observer.—The Bill in question is very bad.

HYDRATE OF CHLORAL IN SPERMATORRHŒA.

To the Editor of THE LANCET.

SIR,—I think it may be worth while to make a note of the fact that I have found hydrate of chloral of service in a case of seminal weakness. The chloral was given for sleeplessness, in doses varying from twenty to forty grains; and since its administration, for more than three months, the nocturnal emissions have entirely ceased. This, of course, may be a mere coincidence; but I fancy it is worthy of further trial.—Yours, &c.,

March, 1871. R. B.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. H. Dobell; Mr. Barnard Holt; Prof. Furnell, Madras; Dr. Woodward, Worcester; Dr. Williams, Truro; Dr. Lawrence; Mr. Waller, Calcutta; Mr. J. Hains, Totnes; Dr. Miller, Manchester; Mr. Lucas, Torquay; Dr. Clarke, Galway; Mr. Norton, Wolverhampton; Mr. Donser, Oundle; Dr. Ritchie, Hoyland; Dr. Rowland; Mr. W. Key, Ripley; Mr. Francis; Mr. T. Smith; Mr. Day; Mr. Grayson; Dr. Lewis, Paisley; Dr. Yarrow; Mr. Willoughby; Dr. Payne; Dr. Robinson, Ulverstone; Mr. Theobald; Mr. Claremont; Mr. Botham, Hartlepool; Mr. Porter; Dr. Cremer, Munich; Messrs. Hatton; Mr. Lee, Rochdale; Mr. Symonds; Mr. Speirs; Mr. E. Smith; Mr. Davis, Ormskirk; Mr. Kilburn, West Auckland; Dr. Caplin; Mr. Green; Mr. White; Mr. W. Rivers, Whitehaven; Mr. E. Rowe, Hastings; Mr. Doring, Bury; Mr. Allen; Mr. Austin, Cork; Mr. Settle; Mr. Howes; Dr. E. Holland; Dr. Barnes, Ewell; Messrs. Herrings and Co.; Mr. Buchan; Mr. Mallory; Mr. Fry; Dr. Lyons, Calcutta; Mr. Hutchinson; Dr. Turner, Keith; Dr. Lyon; Mr. Howard; Dr. Hodges, Birmingham; Mr. Miller; Mr. Gerst, Huyton; Dr. Gayton; Mr. Scobell; Mr. Bennett; Dr. Browne, Wakefield; Mr. Pembridge; Mr. Proctor; Dr. Duncan; Dr. Booth; Mr. Stephenson; Dr. Blaxall; Mr. James; Mr. Grigor, Rugby; Dr. Davis; Mr. F. Quain; Mr. R. Evans; Mr. Hepworth, Armley; Mr. W. Luscombe, Richmond; Dr. Rattray, Portobello; Dr. Hadaway; Dr. Hitchman; Mr. J. Dewar, Wakering; Mr. J. P. Cæsar; Mr. R. Batho; Dr. Platt; Mr. Green; Mr. Mayne, Douglas; Mr. Anderson, Perth; Mr. Davis, Mountain Ash; Dr. Dunlop, Glasgow; Mr. Leman, Chipping Sodbury; Mr. A. Beardsley, Grange; Mrs. Lee, Thame; Mr. Wilson, Thorpe; Mr. Gale, Edmonton; Mr. Bakewell, Abergavenny; Dr. Murphy; Mr. Wilton; Dr. Wolfe, Glasgow; Mr. Franklin; Dr. Barnes, Eye; Dr. Mackay, Darlington; Dr. Tidy; Dr. Curtis, Staines; Dr. R. Henry; Dr. Jeaffreson; Mr. King, Balham; Mr. Gayland; Mr. Coles; Dr. J. Browne; Royal Institution; Medicus; H. G.; R. H. S.; A Distressed Housekeeper; Observer; W. C. W.; M.D.; The Director General of the Army Medical Department; Gustavius; Z.; D. M. R.; An Assistant-Surgeon; Anthropological Institute; Omicron; Inquirer; Medical Student; T. S. M.; H. B. B.; Indoctus; &c. &c.

Philadelphia Medical Times, Clifton Chronicle, Birmingham Daily Post, Preston Chronicle, City Press, Birmingham Morning News, Nottingham Journal, Hereford Times, Wigan Observer, Alloa Advertiser, Glasgow Medical Examiner, Hertfordshire Express, Wiener Medizinische Zeitung, Stationers' Circular, Northern Echo, Madras Mail, Bangalore Herald Swindon Advertiser, and *Glasgow Herald* have been received.

Medical Diary of the Week.

Monday, March 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
MEDICAL SOCIETY OF LONDON.—8 P.M. The President (Dr. Andrew Clark) will detail some "Cases of Perilyphlitis."—Dr. Richardson: "Some further additions to Therapeutics, with special reference to Organic Bromides."

Tuesday, March 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Foster, "On Nutrition of Animals."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Jonathan Hutchinson: "Clinical Report on Xanthelasma Palpebrarum, and its significance as a Symptom."—Dr. James Wynne, "On Central America as a Residence for Consumptive Patients."

Wednesday, March 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Parkes, "On some points connected with the Elimination of Nitrogen from the Human Body."

Thursday, March 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Odling, "On Davy's Discoveries."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. F. J. Gant, "On the Inhalation of Calomel Vapour in Secondary Syphilis."

Friday, March 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures: Dr. Parkes, "On some points connected with the Elimination of Nitrogen from the Human Body."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
ROYAL INSTITUTION.—9 P.M. Mr. J. Norman Lockyer, "On the Eclipse."

Saturday, March 18.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. O'Neil, "On the Spirit of the Age."

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